

THE PRODUCERS FIRM

P. O. Box 879
Bristol, CT 06011

Tel: (860) 584-8461
Fax: (860) 584-8462
www.jegoss.com

“BETTER INFORMATION FOR BETTER QUOTES”

Agent’s Name _____
Agent’s Address & Telephone Number _____
Name of Proposed Insured _____
Date of Birth _____
State of Residence _____
Height _____ Weight _____
Smoker () Nonsmoker ()
Male () Female ()
Amount of Coverage _____
Product Type _____

Note: If proposed insured is applying for disability, please provide occupation, job description and income. If proposed insured is applying for term insurance, please state the level of term insurance (5, 10, 15, 20, 30).

POLYCYSTIC KIDNEY DISEASE RELATED UNDERWRITING QUESTIONS

- 1. Date of diagnosis?
- 2. type of treatment?
- 3. Results of kidney function tests, specifically BUN and serum creatinine?
- 4. Proposed Insureds’ exercise habits?

FAMILY HISTORY

	<u>AGE IF LIVING</u>	<u>STATE OF HEALTH OR CAUSE OF DEATH</u>	<u>AGE AT DEATH</u>
Father			
Mother			
Brothers &			
Sisters			