

THE PRODUCERS FIRM

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“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).

KIDNEY TRANSPLANT RELATED UNDERWRITING QUESTIONS

- 1. Date of transplant?
- 2. Source of the donated kidney?
 - a. Identical twin
 - b. A live, related donor with identical HLA phenotypic match
 - c. A live, good HLA match
 - d. From a cadaver
- 3. Was there any signs of rejection or infection?
- 4. Was there any type of immunosuppressive therapy?
- 5. 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			