

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).

LEUKEMIA RELATED UNDERWRITING QUESTIONS

1. Age of individual?
2. Age of diagnosis?
3. Type of leukemia (there are several types)?
4. What stage was the leukemia in when it was diagnosed?
5. When did the leukemia go into remission?
6. Has the leukemia gone into remission and then reappeared?
7. What type of treatment?
8. Date of last treatment?
9. Any bone marrow transplant?
10. 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>
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Father

Mother

Brothers &

Sisters
