

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 ()
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).

LIVER DISORDER RELATED UNDERWRITING QUESTIONS

- 1. Type of liver disease (i.e. hepatitis, jaundice, fatty liver, cirrhosis, etc)? If hepatitis, what kind? Type A, B or C.
- 2. Type of treatment (medical or surgical)? Please provide dates of diagnosis and treatment. Please provide other details such as hospitalization, etc.
- 3. Was a liver biopsy done? If so, what were the results?
- 4. Are the current liver function tests normal? These are the SGOT, SGPT, and GGT readings.
- 5. Any indication of excessive alcohol usage?
- 6. 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			