

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).

LUPUS RELATED UNDERWRITING QUESTIONS

1. When diagnosed?
2. Which type of Lupus? Systemic or Discoid
3. Is the proposed insured still on any kind of treatment?
4. Has the condition affected the kidneys or the central nervous system?
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	_____	_____	_____