

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).

MULTIPLE SCLEROISIS RELATED UNDERWRITING QUESTIONS

1. Date of diagnosis?
2. Number of attacks? Date of latest attack? Frequency of attacks?
3. Type of medication and quantity?
4. Any problems with limbs, kidneys, or bladder?
5. Does the client use braces, a walker, or wheelchair? Is the client ambulatory?
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	_____	_____	_____