

# 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).

## PARAPLEGIC/QUADRIPLLEGIC RELATED UNDERWRITING QUESTIONS

1. What was the cause?
2. Any urinary problems?
3. Employed? Hours worked per week?
4. Please describe the current lifestyle.
5. On any Medications? If so, type and dosage.
6. On Social Security or other Disability?
- 7.
7. Proposed Insureds' exercise habits?

## FAMILY HISTORY

| <u>AGE IF LIVING</u> | <u>STATE OF HEALTH<br/>OR CAUSE OF DEATH</u> | <u>AGE AT DEATH</u> |
|----------------------|--|---------------------|
|----------------------|--|---------------------|

|                       |       |       |
|-----------------------|-------|-------|
| Father                | _____ | _____ |
| Mother                | _____ | _____ |
| Brothers &<br>Sisters | _____ | _____ |