

# 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).

## PARKINSON'S DISEASE RELATED UNDERWRITING QUESTIONS

1. Date of diagnosis?
2. Any symptoms such as trembling, rigid posture, slow movements, or a shuffling unbalanced walk?
3. Is your client able to manage their own lifestyle and complete the activities of daily living such as eating, washing, and dressing on their own?
4. Has your client's intellect been affected (i.e. speech, handwriting, dementia, etc.?)
5. Any symptoms of depression?
6. What type of treatment is being given?
7. Any surgery done?

## 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

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Mother

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Brothers &

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Sisters

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