

THE PRODUCERS FIRM

P. O. Box 879
Bristol, CT 06011

Tel: (860) 584-8461
Fax: (860) 584-8462
www.jegoss.com

“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).

POLIO RELATED UNDERWRITING QUESTIONS

- 1. Does the client use braces, a walker or wheelchair?
- 2. Is the client ambulatory?
- 3. Has breathing been affected?
- 4. Is there difficulty swallowing?
- 5. Is there a history of meningitis?
- 6. Has the brain stem been affected in any way?
- 7. Does the client use a catheter?
- 8. Has the client had a tracheotomy?
- 9. What type of physical therapy program is the client involved in?
- 10. Client's occupation?
- 11. How many hours per week worked?
- 12. Proposed Insureds' exercise habits?

FAMILY HISTORY

AGE IF LIVING STATE OF HEALTH
OR CAUSE OF DEATH AGE AT DEATH

Father _____
Mother _____
Brothers & _____
Sisters _____