

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).

REACTIVE DEPRESSION

Definition: Depression due to some external situation. The condition is relieved when the situation is removed.

REACTIVE DEPRESSION RELATED UNDERWRITING QUESTIONS

1. Date of diagnosis?
2. Taking medication? If so, type and dosage?
3. Any hospitalization? If so, provide details.
4. Applicant fully recovered?
5. What was the cause?
6. Any history of attempted suicide? If so, please provide details including the date.
7. 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
