

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).

RHEUMATOID ARTHRITIS RELATED UNDERWRITING QUESTIONS

1. Date diagnosed?
2. Which joints are affected?
3. Is the disease at mild, moderate, or severe stage?
4. Are any organs affected? If yes, please provide details.
5. Ever taken gold, steroids, or immunosuppressive therapy?
6. Currently taking medication? Provide the type and dosage.
7. What are the present symptoms?
8. Is the proposed insured leading a normal lifestyle?
9. Any disability? If yes, please provide the details.
10. 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>
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Father

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Mother

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Brothers &

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**Sisters**

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