

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).

SCHIZOPHRENIA

Definition: Alternating between attacks of mania (disordered mental state of extreme excitement) and depression. It may be unipolar, either mania or depression; or bipolar with swings from one to the other.

SCHIZOPHRENIA RELATED UNDERWRITING QUESTIONS

1. Date of diagnosis?
2. Hospitalized or treatment being provided? If so, provide the details.
3. Taking drug therapy? If so, type and dosage?
4. Capable of managing own lifestyle? Are they employed?
5. Any history of attempted suicide? If so, please provide details including the date.
6. 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

Mother

Brothers &

Sisters
