

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).

SICKLE CELL ANEMIA RELATED UNDERWRITING QUESTIONS

1. Age of the proposed insured?
2. Age at diagnosis?
3. Does the proposed insured have just the trait or is the condition mild, moderate, or severe?
4. Is there any history of sickle cell anemia crisis?
5. Is the proposed insured on any continuous medication?
6. Is there any history of secondary problems: i.e., hepatitis, central nervous system disorder, renal failure, pulmonary, elevated liver functions?
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>
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Father

Mother

Brothers &

Sisters
