

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).

SLEEP APNEA RELATED UNDERWRITING QUESTIONS

- 1. When diagnosed?
- 2. Is the client overweight? Please provide current height and weight?
- 3. Any hospitalization? Any surgery? Type of surgery? Date and results of any of the above?
- 4. Was a sleep study done? If so, please provide the results.
- 5. Is the sleep apnea affecting the client’s work habits?
- 6. Any treatment? Is a CPAP (continuous positive airway pressure) mask used?
- 7. Proposed Insureds’ exercise habits?

FAMILY HISTORY

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

Father \_\_\_\_\_  
Mother \_\_\_\_\_  
Brothers & \_\_\_\_\_  
Sisters \_\_\_\_\_