

# 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).

## STROKE RELATED UNDERWRITING QUESTIONS

1. Date of the stroke?
2. Was it a single episode or were there multiple episodes?
3. Type of treatment or medication taken then and now? If medication, how much and how often?
4. What tests were performed (i.e., arteriography, treadmill, CT scan, etc)? Please provide details.
5. What parts of the body are affected?
6. Any residual impairment? Side effects? If so, please provide details.
7. Any complicating factors (i.e., CAD, diabetes, hypertension, etc.)? If so, please provide the details.
8. Was the episode (or episodes) a CVA or a TIA?
9. Current medical status?
10. Smoker?
11. 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 \_\_\_\_\_