

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).

TYPE OF AILMENT _____ RELATED UNDERWRITING QUESTIONS

- 1. Date diagnosed?
- 2. Currently being treated?
If so, describe treatment.
- 2. Any Surgery?
If so, date and type.
- 3. List medication currently on, type & dosage.
- 4. Have any current tests been performed?
If so, what were the results?
- 5. 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>
----------------------	--	---------------------

Father _____

Mother _____

Brothers & _____

Sisters _____