

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).

ANGINA RELATED UNDERWRITING QUESTIONS

1. Frequency of attacks?
2. Date of last attack?
3. Was hospitalization required?
4. Type of medication and dosage?
5. Currently using nitroglycerin?
6. Any restrictions? If so, please provide details.
7. Any testing done? If so, please provide details.
8. 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		