

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).

ARRHYTHMIA RELATED UNDERWRITING QUESTIONS

- 1. What type of arrhythmia?
- 2. What was the cause?
- 3. Date of the first and last attack?
- 4. What type of treatment was given?
- 5. Type and dosage of any medication?
- 6. Are there any associated conditions or other health problems?
- 7. Has any recent testing been done (i.e. EKG, Holter Monitor, etc.)?
- 8. Any symptoms such as syncope, dizziness, and/or palpitations?
- 9. Proposed Insureds’ exercise habits?

FAMILY HISTORY

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

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