## **Underwriting Questionnaire**

## **Abdominal Aortic Aneurysm**



Producer Name	Phone	Date			
Client Name	Date of Birth				
☐ Male ☐ Female Face Amount		Max Premium \$	/yr.		
☐ Term ☐ Permanent Has the client eve	r used any form of toba	cco (cigarettes, cigars, pipe,	snuff, etc.)? ☐Y€	es 🗆 No	
Frequency	Date of last use		Туре		
Date of initial diagnosis					
Has the client had any of the following:  Ultrasound Date  CAT Scan Date  Surgery Date	Size				
Has the aneurysm been stable in size for two common Yes Provide details  No	,				_
Is your client on any medications?  Yes Provide details  No					_
	evated cholesterol abetes rebrovascular disease				



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