Underwriting Questionnaire

Asthma



Producer Name	Phone		Date	_ \
Client Name	Date of Birt	h		
☐ Male ☐ Female Face Amount _		Max Premiun	n \$ /yr.	
☐ Term ☐ Permanent Has the clie	ent ever used any form o	f tobacco (cigarettes	s, cigars, pipe, snuff, etc	.)? □Yes □No
Frequency	Date of last use		Type	
Date of diagnosis	Type of asthma diagr	nosed		
What leads to asthmatic attacks				
When did attacks occur			Number of attacks per	year (state if continuous)
During past year				
During past 2 years				
If the client has been hospitalized or had ER	visits due to severe asth	ma attacks, complet	te the information belov	V
Date(s) of hospitalization/ER visit(s)	Length of hospital stay		Special circumstances	
What medications are being used to control	asthmatic attacks			
Name of medication (prescription or other	vise)	Dates used	Quantity taken	Frequency taken
List any abnormal EKG, chest x-ray, or pulme	onary function testing:			

BROKERAGE

List any other major health problems the client has:

For Insurance Professional Use Only. Not intended for use in solicitation of sales to the public. Not intended to recommend the use of any product or strategy for any particular client or class of clients. For use with non-registered products only. Tellus operates under the license of Tellus Brokerage Connections Inc., AR license #100103477. Products and programs offered through Tellus are not approved for use in all states. Updated May 12, 2020