Underwriting Questionnaire

Barrett's Esophagus

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	Writing	

Producer Name	_ Phone	Date _			
Client Name	Date of Birth				
☐ Male ☐ Female Face Amount		Max Premium \$	/yr.		
☐ Term ☐ Permanent Has the client ever	used any form of toba	acco (cigarettes, cigars, pipe	e, snuff, etc.)? □Yes	□No	
Frequency	Date of last use		Туре		
Date of diagnosis					
Has the client had any of the following treatments Follow-up endoscopy(s) Surgery Date					
Are any of the following present (if yes, provide pat	hology report)				
Is the client on any medications Yes Provide details No					
Alcohol usage Type Frequency					

List any other major health problems the client has:



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