Underwriting Questionnaire

Cardiac Disease

Producer Name	Phone		Date		
Client Name	Date of Birth _				
☐ Male ☐ Female Face Amount		_ Max Premium	\$	/yr.	
☐ Term ☐ Permanent Has the client eve	er used any form of to	obacco (cigarettes,	cigars, pipe, s	nuff, etc.)?]Yes □No
Frequency	Date of last use		Тур	ре	
Has the client had a heart attack? ☐Yes ☐Nc					
Provide dates if any of the following tests have be Resting EKG	· · · · · · · · · · · · · · · · · · ·	□Echocardiogra	m		
Provide dates and results of any surgical procedur Bypass (CABG) Angioplasty (PTCA) Coronary artery stents					
How many vessels are involved 1 2	□3 or more W	nich vessels			
What conditions has the client been diagnosed w Diabetes Age of onset High blood pressure Most recent readin Irregular heartbeat Other arterial disease	Recent A1c res	cular □Cerel	brovascular		
Does the client take any current medications, incli	uding preventative as	pirin □Yes □N	lo		
Name of Medication (prescription or otherw	vise) Dat	es Used	Quantity Ta	aken	Frequency Taken
Does the client engage in any regular exercise or s	sporting activity \(\square\)	∕es □No If yes,	, provide detai	ıls	
List any other major health problems the client ha	s:				



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