

# Underwriting Questionnaire

## Chronic Obstructive Pulmonary Disease (COPD)



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 tobacco (cigarettes, cigars, pipe, snuff, etc.)?  Yes  No

Frequency \_\_\_\_\_ Date of last use \_\_\_\_\_ Type \_\_\_\_\_

Date of diagnosis \_\_\_\_\_

Type of lung disease diagnosed

- Asthma  Chronic bronchitis  
 Emphysema  Restrictive lung disease  
 Other \_\_\_\_\_

Has the client ever been hospitalized for this condition  Yes  No If yes, provide date(s) \_\_\_\_\_

Has a pulmonary function test (breathing test) ever been done  Yes  No If yes, provide most recent date and test results below

Has a chest x-ray been done  Yes  No If yes, provide date \_\_\_\_\_ Results \_\_\_\_\_

Has an ECG been done recently  Yes  No If yes, provide date \_\_\_\_\_ Results \_\_\_\_\_

What is the client's build Height \_\_\_\_\_ Weight \_\_\_\_\_

Is the client using oxygen?  Yes  No If yes, provide date(s)

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has: