## **Underwriting Questionnaire**

## **Kidney Cancer**

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	unde	ruriting.		
		TITINO		
<b>\</b>		•	X	

Producer Name	Pho	one	Date	_ \
Client Name	Da	te of Birth		
☐ Male ☐ Female Fac	ce Amount	Max Premiu	um \$ /yr.	
☐ Term ☐ Permanent	Has the client ever used ar	ny form of tobacco (cigarett	es, cigars, pipe, snuff, etc.	)? □Yes □No
Frequency	Date of	last use	Type	
Exact type of renal cancer  Adenocarcinoma  Renal Cell Carcinoma	☐Clear Cell Carcinoma☐Sarcoma☐2 (T2NOMO)	□Hyperneph □Wilms' tum		astoma
☐3 (T3NOMO) or ☐4 (T4 NO-1 MO) or	☐(T1-3N1 MO), please	specify which ☐(Tany Nany M1), plea	ase specify which	
Date of first diagnosis		Date of surgery		
	phrectomy (removal of the e her procedure: please explain		artial nephrectomy (only pa	art of the kidney removed)
Did the client have any □che	emo □radiation If yes, d	late of last treatment		
Have urinalysis results been in r	normal range?	o If not, provide details of	abnormalitie <u>s</u>	
Have kidney functions been in	normal range on blood work	□Yes □No If not, p</td <td>rovide details of abnormal</td> <td>tie<u>s</u></td>	rovide details of abnormal	tie <u>s</u>
f known, please provide the re Creatinine		s N	GFR	
Any evidence of recurrence?	☐Yes ☐No If yes, provide	e details below		
Name of Medication (pre	scription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has:



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