Underwriting Questionnaire					
Liver Enzyn	-			Unicrumins) S
Producer Name	Phor	ne	Date	singo	
Client Name	Date	of Birth			
☐ Male ☐ Female Face	Amount	Max Premi	um \$	/yr.	
Term Permanent I	Has the client ever used any	form of tobacco (cigaret	tes, cigars, pipe, snu	ıff, etc.)? □Yes □No	
Frequency	Date of la	ast use	Туре		
Details of recent liver enzyme fun	ction tests				
Date	GGTP	AS	T/SGOT	ALT/SGPT	7
					_
How long has the client had eleva			ears 🗌 C	ondition recently diagnosed	
If there is a prior history of elevat		, have these results been □Fluctuating up and o	down 🗌 U	nknown	
Is there any known cause for the					
Alcohol usage	provide frequency, quantity,	type)			
Have the following tests been col	mpleted for the client				
		Abnormal (date) Results			
Liver biopsy	Normal (date)	Abnormal (date)	Results		_
Name of Medication (presc	ription or otherwise)	Dates Used	Quantity Tak	en Frequency Taken	
					_
					_

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