## **Underwriting Questionnaire**

## **Lyme Disease**



Producer Name	Phone	Phone Date Date of Birth			
Client Name	Date of Bi				
☐ Male ☐ Female Face Amount		Max Premiu	um \$ /y	r.	
☐ Term ☐ Permanent Has the clien	nt ever used any form	of tobacco (cigarett	es, cigars, pipe, snuff, et	c.)? □Yes □No	
Frequency	Date of last use	2	Type		
Date of diagnosis	Stage of disease (se	e examples of stagir	ng below for reference) _		
Has the client ever had neurological or cardiac complications associated with the Lyme Disease? Yes No If yes, please provide full details	Stage 2 - may experier Stage 3 - chronic/incur	nce neurological or other crable or never treated with	ongoing complications and/or re	rigue, muscle pain, fibromyalgia, other) siduals	
How was the disease treated? Oral do	-	Amoxicillin Other antibiotic or IV	— , ,		
Date treatment ended	ŀ	s the disease still pre	esent? Yes N	lo	
If fully recovered, provide a date the client w	as deemed fully recove	ered			
Are there any ongoing complications or resid	uals? Yes	No If yes, pleas	se provide full details		
Name of Medication (prescription or o	herwise)	Dates Used	Quantity Taken	Frequency Taken	

List any other major health problems the client has:



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