## **Underwriting Questionnaire**

## **Melanoma/Skin Cancer**



Producer Name	Phone	Date _	
Client Name	Date of Birth		
☐ Male ☐ Female Face Amount	\	1ax Premium \$	/yr.
☐ Term ☐ Permanent Has the client eve	er used any form of tobacc	o (cigarettes, cigars, pipe	e, snuff, etc.)? □Yes □No
Frequency	Date of last use		Туре
What type of skin cancer was diagnosed? □Basal cell carcinoma □Squamous c	ell carcinoma 🔲 N	1alignant melanoma	□Dysplastic nevi syndrome
Date of diagnosis Da	te of last treatment		Number of lesions
Location of skin cancer(s)			
How has the cancer been treated?  Surgery, provide date(s)	Other		
Clark Level of the cancer (malignant melanoma or	-		
Breslow Scale of the cancer (malignant melanoma	_	□1.51 mm to 4.00 i	mm □4.01 mm plus
TNM Stage	a 🔲 T3b 🔲 T4a 🔲 T	4b □Any N1-3 □	M1
Any evidence of recurrence? ☐Yes ☐No If yes, provide details			
Any family history of melanoma? YesNo			
Any family history of dysplastic nevi syndrome? YesNo If yes, provide details			
Name of Medication (prescription or otherw	rise) Dates Us	ed Quantity	y Taken 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