

<u>CLIENT</u> : NAME/	□M □F/DOB	AGE	/ HT WT	/ STATE	
AMT. REQUESTED \$/ MAX. ANNUAL PRE	EMIUM \$	/ TYPE OF	INS. 🗆 UL 🗆 TE	ERM YRS. LVL	
TOBACCO USE NO YES, TYPE	/ REPLACEMENT	□YES □NO/C	URRENT ANN. P	PREM. \$	
LAST LIFE INSURANCE APP. YEAR COMPANY		ACTION			
OCCUPATION	/ MARITAL STATUS	S SINGLE M	MARRIED   WIE	DOWED DIVORCED	
FAMILY HISTORY – AGE, IF STILL LIVING: FATHER MOTHER	SIBLING 1	SIBLING 2	SI	BLING 3	
IF ANY DECEASED, PROVIDE RELATION, AGE AND CAUSE	OF DEATH				
HAVE ANY OF YOUR FAMILY MEMBERS BEEN DIAGNOSED PROVIDE RELATION, ILLNESS AND AGE OF ONSET				O AGE 60? IF YES,	
DRIVING RECORD - # OF VIOLATIONS IN PAST 3 YEARS _	/# OF I	/# OF DUI / RECKLESS DRIVING PAST 5 YEARS			
DO YOU EXERCISE 3 OR MORE TIMES PER WEEK?	YES, DETAILS				
DATE OF LAST MEDICAL CHECKUP RESULT	-s				
DATE OF LAST RESTING EKG RESULT	-s				
LAST BLOOD PRESSURE READING (EXAMPLE 140/80)	/ ARE YOU TI	REATED FOR BLO	OD PRESSURE?	? □NO □YES	
LAST TOTAL CHOLESTEROL READING AND HDL READING	/ARE	YOU TREATED FO	OR CHOLESTER	OL? NO YES	
AGENT: NAME	PHONE _		FAX		
ADDRESS	CITY		ST	ZIP	
<u>XYXYXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>					
1. PLEASE SPECIFY TYPE OF MALIGNANCY OR CANCER:  BLADDER  CERVICAL  MELANOMA  PROSTATE  SKIN  HODGKIN'S OR NON-HODGKIN'S LYMPHOMA  OTHER  DATE OF DIAGNOSIS	APPL  SU  CH  RA  HO  OT	LY AND INCLUDE I URGICAL (GIVE DE HEMOTHERAPY ADIATION THERAP DRMONAL THER	DATES OF TREA TAILS) Y	NT. CHECK ALL THAT TMENT:	
2. FOR MELANOMA ONLY  CLARK'S LEVEL:	7. DID N IF YE DETA	METASTASIS OCCI S, PROVIDE: DATAILS	UR? □NO □	]YES (MONTH /YEAR)	
3. FOR PROSTATE CANCER ONLY STAGE: T N M GLEASON'S GRADE: (VALUE BETWEE PSA RESULTS PRIOR TO TREATMENT RESULTS OF MOST RECENT PSA TEST	□N0 OF R N 2-10) TREA		ES, PLEASE PRO	EOF CANCER? OVIDE DETAILS, DATE REATMENT AND WHEN	
4. FOR ALL OTHER CANCERS  SPECIFY TYPE OF CANCER  LOCATION OF  CANCER  STAGE: T N M GRADE	ANY WITH	OTHER QUICK QU	IOTE FORMS TH IS TAKEN (INCLI	AIRMENTS (COMPLETE IAT MAY APPLY) ALONG UDE DOSAGE AND	
FOR LYMPHOMA, SPECIFY GRADE: □LOW □INTERMEDIATE □HIGH	** PLEA AVAII A		OPY OF THE PA	THOLOGY REPORT, IF	

Please Include Stage, Grade, Type and Size of Tumor.