

# Underwriting Questionnaire

## Cancer - All Others



Producer Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female Face Amount \_\_\_\_\_ Max Premium \$ \_\_\_\_\_ /yr.

Term  Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)?  Yes  No

Frequency \_\_\_\_\_ Date of last use \_\_\_\_\_ Type \_\_\_\_\_

Exact name of the cancer \_\_\_\_\_

Date of first diagnosis \_\_\_\_\_ Date of last treatment \_\_\_\_\_

How has the cancer been treated

- Surgery  Radiation  Chemotherapy  Hormone therapy  Immunotherapy  
 Observation only  Other \_\_\_\_\_

Grade of cancer  I  II  III  IV  Other \_\_\_\_\_

Stage of cancer  I  II  III  IV  Other \_\_\_\_\_

Any evidence of recurrence  Yes  No If yes, provide details \_\_\_\_\_

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has:

**If at all possible, please obtain the pathology report. It will enable us to work with you prior to a formal application to determine if coverage is now available, at which insurance company, and for what likely premium.**