

Quick Quoter
Clinical Underwriting®

Cancer

Date: ___/___/___

Agent Name	Fax	
Address	Phone	
City	State	Zip

Client's Name: _____ Date of Birth: ___/___/___

Sex: Male Female Height: _____ Weight: _____ lbs.

Smoker: No Yes (If yes, also complete Tobacco Questionnaire)

Insurance Amount: _____ Insurance Type: Term UL Survivor UL

Additional Insured's Name (only if applying for Survivor UL): _____

OTHER COMPANY ACTIONS: Company: _____ Date applied: ___/___/___

Declined Postponed Rated Table: _____

1. What type of malignancy or cancer has been diagnosed? Bladder Breast
 Cervical Colon or rectal (complete #9) Hodgkin's Disease Melanoma* (complete #10)
 Prostate (complete #11) Skin* Other
 *Indicate type _____ and where on body cancer was located _____
2. When was diagnosis made? ___/___/___
3. What is the stage of the tumor/malignancy? 1 2 2A 2B 3 3A 3B
 4 5 Other
4. Which of these treatments have been received? Surgical removal Chemotherapy
 Radiation therapy Hormonal (orchiectomy; DES, Lupron) Other _____
5. When was the last treatment received? ___/___/___
6. Has there been any medical evidence of recurring cancer? No Yes If yes, when? ___/___/___
7. Are there any other illnesses/impairments? _____

8. What medications are currently being taken? _____

Note: Please complete questions #9 thru #12 on page 2 of this form before submitting

