

RACCUGLIA FINANCIAL BROKERAGE, INC.

"Commitment to Integrity and Service"

Quick Quoter  
Clinical Underwriting®

Depression

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. Has client been diagnosed as:  Depressed?  Manic-Depressive (bipolar)?

2. Has suicide ever been attempted?  No  Yes If yes, date \_\_\_/\_\_\_/\_\_\_

Details \_\_\_\_\_  
\_\_\_\_\_

3. Has client ever been hospitalized for depressions?  No  Yes If yes, date \_\_\_/\_\_\_/\_\_\_

4. Has client ever lost work, in the last 12 months, for depression?  No  Yes

5. Is medication currently being taken for depression?  No  Yes If yes, list \_\_\_\_\_

6. Is the client currently seeing a mental health therapist?  No  Yes If yes, frequency \_\_\_\_\_

7. When was the last visit to a mental health therapist? \_\_\_/\_\_\_/\_\_\_

8. Are there any other illnesses/impairments? \_\_\_\_\_  
\_\_\_\_\_

9. What medications are currently being taken? \_\_\_\_\_  
\_\_\_\_\_

10. Has either parent, or any sibling, died before age 65, other than by accident?  No  Yes

List relationship(s): \_\_\_\_\_ Cause(s): \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_