

AGENT & CASE INFORMATION

AGENT NAME

PHONE

E-MAIL

PROPOSED INSURED

CLIENT NAME

DATE OF BIRTH

STATE

HEIGHT

WEIGHT

FACE AMOUNT

Sex: ☐ Male ☐ Female

Tobacco / Nicotine Use: ☐ Yes ☐ No

COVERAGE REQUESTED

Type of Insurance: ☐ Universal Life ☐ Whole Life ☐ Survivorship

☐ Term — number of years:

QUESTIONNAIRE

1. When was the proposed insured first diagnosed with Bipolar?

2. Does the proposed insured experience any of the following symptoms? (Check all that apply.)

☐ Euphoria ☐ Inflated self-esteem

☐ Racing thoughts ☐ Not needing as much sleep as usual

☐ Talking more than usual ☐ Being more active than usual

☐ Easily distracted ☐ Impulsive behavior

☐ Other

3. Has the proposed insured ever been hospitalized as a result of this condition? ☐ Yes ☐ No

If yes, provide details:

4. Has the proposed insured ever been disabled as a result of this condition? ☐ Yes ☐ No

If yes, provide dates and monthly disability income:

Please e-mail the completed form to Brad Kadelski · brad@brookfieldpartners.com

Brookfield Insurance Partners, LLC · Brookfield, MA · (p) 866-639-0443 · info@brookfieldpartners.com · www.brookfieldpartners.com

5. How is the proposed insured being treated for this condition?

- ☐ Medication Name, dosage and frequency:
- ☐ Therapy Provide frequency:
- ☐ Other

6. Has the proposed insured ever attempted suicide?

☐ Yes ☐ No

7. Is the proposed insured current taking any medication(s)?

☐ Yes ☐ No

If yes, provide name, dosage and frequency of medication(s)