BROOKFIELD PARTNERS

Cirrhosis Questionnaire

UNDERWRITING QUESTIONNAIRE

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 Cirrhosis?

2. What stage has been diagnosed?

☐ Stage 1 – Portal Stage ☐ Stage 2 – Periportal Stage

☐ Stage 3 – Septal Stage ☐ Stage 4 – Biliary Cirrhosis

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

☐ Fatigue ☐ Itchy skin ☐ Jaundice

☐ Xanthelasmata ☐ Esophageal varices ☐ Fluid retention in abdomen

☐ Hepatic encephalopathy

☐ Other

4. Regarding the last time the proposed insured had blood testing:

Date of blood test: §

Alkaline Phosphatase results:

AST results:

ALT results:

5. Has the proposed insured had any of the following?

- ☐ Ultrasound Results & Date:
- ☐ CT Scan Results & Date:
- ☐ Liver Biopsy Results & Date:
- ☐ ERCP Results & Date:

6. Has the proposed insured received the following treatments for this condition?

- ☐ Ursodiol Results & Date:
- ☐ Cholestyramine Results & Date:

7. Does the proposed insured drink alcohol? ☐ Yes ☐ No

If yes, provide how much and frequency:

8. Is the proposed insured current taking any medication(s)? ☐ Yes ☐ No

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