BROOKFIELD PARTNERS

Colon Cancer 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 colon cancer?

2. What is the Stage and Duke's score:

3. What there any spreading of the cancer (to lymph nodes, other organs, etc)? ☐ Yes ☐ No

If yes, where:

4. What treatments did the proposed insured receive?

☐ Surgery Date and details:

☐ Chemotherapy How long did it last:

☐ Radiation How long did it last:

☐ Other

5. Is there any family history of death due to cancer or heart disease? ☐ Yes ☐ No

If yes, provide family member and age at death:

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

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

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