BROOKFIELD PARTNERS

Coronary Disease 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. Has the proposed insured had any of the following?

- ☐ Chest Pain Dates:
- ☐ Heart attack Dates:
- ☐ Bypass surgery (Complete the Bypass/Angioplasty/Stent Questionnaire.)
- ☐ Angioplasty (Complete the Bypass/Angioplasty/Stent Questionnaire.)
- ☐ Atherectomy Dates: How many vessels:
- ☐ Stents (Complete the Bypass/Angioplasty/Stent Questionnaire.)
- ☐ Heart Valve replacement (Complete the Heart Valve Replacement Questionnaire.)
- ☐ Abnormal heart rhythm or pulse Dates:
- ☐ Abnormal EKG Dates:
- ☐ Heart Murmur (Complete the Heart Murmur Questionnaire.)
- ☐ Atrial fibrillation (Complete the Atrial Fibrillation Questionnaire.)
- ☐ Congestive heart Failure Dates:

2. Has surgery been done or is it expected for any of the above? ☐ Yes ☐ No

If yes, provide details and dates:

3. If surgery has not been done or recommended, how is the proposed insured being treated?

4. Have any of the following tests been completed:

- ☐ Thallium Stress ECG Date: Results:
- ☐ Echocardiogram Date: Results:
- ☐ Angiography Date: Results:
- ☐ Stress Echocardiogram Date: Results:
- ☐ Chest X-ray Date: Results:
- ☐ Other Date: Results:

5. If the proposed insured had angina, heart attack, angioplasty or bypass, has a follow-up stress EKG been done?

☐ Yes, results were normal. ☐ Yes, results were abnormal. ☐ No

Details:

6. Has the proposed insured had any chest discomfort since the heart attack, angioplasty or bypass? ☐ Yes ☐ No

Details:

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

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