BROOKFIELD PARTNERS

Arthritis 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 diagnosed with arthritis?

2. What type of arthritis was diagnosed?

3. Does the proposed insured use any devices to assist them due to arthritis? ☐ Yes ☐ No

If yes, describe:

4. Is the proposed insured able to care for themself? ☐ Yes ☐ No

If no, provide details:

5. Is the proposed insured able to work? ☐ Yes ☐ No

If no, provide details:

6. Has the proposed insured had any type of surgery due to arthritis? ☐ Yes ☐ No

If yes, provide details:

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

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