BROOKFIELD PARTNERS

Heart Murmur 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 a heart murmur?

2. Has the proposed insured been diagnosed with any of the following? (Check all that apply.)

☐ Light headedness ☐ Breathlessness ☐ Blackouts ☐ Aortic regurgitation

☐ Edema ☐ Marfan's Syndrome ☐ Fatigue ☐ Rapid heartbeat

☐ Other

3. What kind of heart murmur was diagnosed?

☐ Diastolic ☐ Systolic ☐ Stenotic heart valve

☐ Aortic or mitral regurgitation

☐ Other

4. When did the proposed insured last have the following?

☐ Electrocardiogram (ECG) Date:

☐ Chest x-ray Date:

☐ Echocardiogram Date:

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. Does the proposed insured have any restrictions for activities? ☐ Yes ☐ No

If yes, provide details:

6. Does the proposed insured have any family history of heart disease? ☐ Yes ☐ No

If yes, provide relationship to proposed insured and date of onset and/or death:

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

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