BROOKFIELD PARTNERS

Hepatitis 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 hepatitis?

2. Which type was diagnosed?

☐ A

☐ B

☐ C

☐ Other

3. Has the proposed insured fully recovered? ☐ Yes ☐ No

If yes, when?

4. Does the proposed insured have any restrictions on activities or diet? ☐ Yes ☐ No

If yes, provide details:

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. Have liver function studies been performed? ☐ Yes ☐ No

If yes, provide results:

6. Has a liver biopsy been done? ☐ Yes ☐ No

If yes, provide results (copy of pathology report if possible):

7. Does the proposed insured currently drink alcoholic beverages? ☐ Yes ☐ No

If yes, how much and how often?

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

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