BROOKFIELD PARTNERS

Melanoma / Skin 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 Melanoma/Skin Cancer diagnosed? §

Location of tumor:

Thickness of tumor: § mm

Depth of tumor: §

Clark level: §

Stage: §

2. Any history of dysplastic nevus syndrome? ☐ Yes ☐ No

3. Did the proposed insured have surgery to remove the tumor? ☐ Yes ☐ No

If yes, when?

4. Did the proposed insured have any other treatment? ☐ Yes ☐ No

If yes, provide details:

5. Have all treatments been completed? ☐ Yes ☐ No

If yes, provide date of completion: §

If no, please explain:

6. Any recurrence or more than one melanoma? ☐ Yes ☐ No

If yes, provide date(s):

7. Date of most recent follow-up? §

8. Does the proposed insured have a family history of Melanoma/Skin Cancer? ☐ Yes ☐ No

If yes, provide details:

9. Name and address of physician or health facility that will have the most complete records: