BROOKFIELD PARTNERS

Neuropathy / Peripheral Vascular 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 been diagnosed with any of the following? (Check all that apply.)

- ☐ Peripheral Vascular Disease Date of diagnosis:
- ☐ Leriche's Syndrome Date of diagnosis:
- ☐ Arterio Sclerosis Obliterans (ASO) Date of diagnosis:
- ☐ Claudication Date of diagnosis:
- ☐ Aneurysm Date of diagnosis:
  - ☐ Abdominal ☐ Vascular ☐ Cerebral
- ☐ Other disorder of the circulatory system

2. What were the first symptoms?

3. What tests were done to give the diagnosis?

Test	Date	Results

4. Have any of the following surgeries been suggested or done? (Check all that apply.)

- ☐ Aorto Femoral Bypass (leg vessels) Date: _____ Result: _____
- ☐ Endarterectomy (clean arteries) Date: _____ Result: _____
- ☐ Aneurysmotomy (repair of an aneurysm) Date: _____ Result: _____
- ☐ Other Date: _____ Result: _____

5. Does the proposed insured have any other major health problems? ☐ Yes ☐ No

If yes, provide details:

6. When did the proposed insured last consult their physician?

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

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