BROOKFIELD PARTNERS

Polycystic Kidney 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. When was the proposed insured first diagnosed with polycystic kidney disease (PKD)?

2. What was the diagnosis?

- ☐ Autosomal dominant polycystic kidney disease
- ☐ Autosomal recessive polycystic kidney disease
- ☐ Acquired cystic kidney disease

3. Provide the most recent blood readings:

Reading: § Date: §

Reading: § Date: §

Reading: § Date: §

4. What were the most recent lab finding for the following?

- ☐ Protein in the urine Level and Date:
- ☐ Blood in urine Level and Date:
- ☐ BUN Level and Date:
- ☐ Creatinine Level and Date:

5. Does the proposed insured have any known history of cardiovascular impairment? ☐ Yes ☐ No

If yes, provide details:

6. Does the proposed insured have any known family history of kidney or cardiovascular disease? ☐ Yes ☐ No

If yes, provide details:

7. Is the proposed insured currently under treatment? ☐ Yes ☐ No

If yes, provide details:

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

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