BROOKFIELD PARTNERS

Polyp, Cyst, Tumor or Growth 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. What type of growth did the proposed insured have?

2. When was it discovered?

3. What is the specific location in or on the body?

4. How many were present or removed?

5. What type of treatment has the proposed insured had?

6. If removed surgically, what was the pathological diagnosis?

☐ Benign ☐ Malignant

7. Are there any other health issues? ☐ Yes ☐ No

If you have any prior medical records, please attach it.
If yes, provide details. Additional questionnaires may be required.

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

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