BROOKFIELD PARTNERS

Prostate 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 proposed insured first diagnosed with prostate cancer?

2. What was the proposed insured's PSA at the time of diagnosis?

3. What was the proposed insured's Gleason Score at the time of diagnosis?

4. What was the grade, stage and size of the cancer?

5. Did the cancer spread to lymph nodes or other organs? ☐ Yes ☐ No

If yes, provide details and location(s):

6. What treatments did the proposed insured receive?

☐ Surgery Date and details:

☐ Chemotherapy How long did it last:

☐ Radiation How long did it last:

7. What is the proposed insured's PSA now?

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

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