BROOKFIELD PARTNERS

Respiratory Disorders 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 was the proposed insured's diagnosis?

☐ Asthma ☐ Bronchitis ☐ Chronic Obstructive Pulmonary Disease (COPD)

☐ Emphysema

☐ Other

2. Has pulmonary function testing been done? ☐ Yes ☐ No

If yes, what type of test:

☐ Forced Vital Capacity (FVC) Date of test:

☐ Forced Expiratory Volume (FEV1) Date of test:

☐ Other

Results of test:

3. Has a chest x-ray been done? ☐ Yes ☐ No

If yes, provide date and results:

4. Are the attacks caused by any special circumstances or conditions? ☐ Yes ☐ No

If yes, provide details:

5. Frequency of attacks/hospitalizations?

6. What medication(s) have you taken to relieve the attacks?

7. Have you ever been given cortisone or any other steroids? ☐ Yes ☐ No

If yes, provide dates and dosage?

8. Does the proposed insured have any other medical conditions? ☐ Yes ☐ No

If yes, provide details: