BROOKFIELD PARTNERS

Spinal Cord Injury 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?

2. At what spinal cord level was the injury? List the specific vertebrae if available.

3. What is the current level of function?

☐ Incomplete paraplegia ☐ Complete paraplegia ☐ Incomplete quadriplegia

☐ Complete quadriplegia

4. Have any of the following occurred? (Check all that apply.)

☐ Pneumonia ☐ Skin ulcers ☐ Urinary tract infection

☐ Kidney impairment ☐ Depression

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

If yes, provide details. Additional questionnaires may be required.

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

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