

# Underwriting Questionnaire

## Abdominal Aortic Aneurysm

Producer Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female Face Amount \_\_\_\_\_ Max Premium \$ \_\_\_\_\_ /yr.

Term  Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)?  Yes  No

Frequency \_\_\_\_\_ Date of last use \_\_\_\_\_ Type \_\_\_\_\_

Date of initial diagnosis \_\_\_\_\_

Has the client had any of the following:

Ultrasound Date \_\_\_\_\_ Size \_\_\_\_\_  
 CAT Scan Date \_\_\_\_\_ Size \_\_\_\_\_  
 Surgery Date \_\_\_\_\_

Has the aneurysm been stable in size for two or more years?

Yes Provide details \_\_\_\_\_  
 No

Is your client on any medications?

Yes Provide details \_\_\_\_\_  
 No

Are any of the following present? Check all that apply

Pain in the legs with walking  Elevated cholesterol  
 Hypertension  Diabetes  
 Coronary artery disease  Cerebrovascular disease

List any other major health problems the client has: