

Underwriting Questionnaire

Kidney Cancer

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 _____

Exact type of renal cancer

- Adenocarcinoma Clear Cell Carcinoma Hypernephroma Nephroblastoma
 Renal Cell Carcinoma Sarcoma Wilms' tumor

Stage 1 (T1NOMO) 2 (T2NOMO)
 3 (T3NOMO) or (T1-3N1 MO), please specify which
 4 (T4 NO-1 MO) or (Tany N2 MO) or (Tany Nany M1), please specify which

Date of first diagnosis _____ Date of surgery _____

Type of surgery Nephrectomy (removal of the entire kidney) Partial nephrectomy (only part of the kidney removed)
 Other procedure: please explain below

Did the client have any chemo radiation If yes, date of last treatment _____

Have urinalysis results been in normal range? Yes No If not, provide details of abnormalities _____

Have kidney functions been in normal range on blood work? Yes No If not, provide details of abnormalities _____

If known, please provide the readings from most recent labs
 Creatinine _____ BUN _____ GFR _____

Any evidence of recurrence? Yes No If yes, provide details below

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has: