

# Underwriting Questionnaire Melanoma/Skin 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 \_\_\_\_\_

What type of skin cancer was diagnosed?

Basal cell carcinoma  Squamous cell carcinoma  Malignant melanoma  Dysplastic nevi syndrome

Date of diagnosis \_\_\_\_\_ Date of last treatment \_\_\_\_\_ Number of lesions \_\_\_\_\_

Location of skin cancer(s) \_\_\_\_\_

How has the cancer been treated?

Surgery, provide date(s) \_\_\_\_\_  Other \_\_\_\_\_

Clark Level of the cancer (malignant melanoma only)

I(1)  II(2)  III(3)  IV(4)  V(5)

Breslow Scale of the cancer (malignant melanoma only)

In-situ  0.74 mm or less  0.75 mm to 1.50 mm  1.51 mm to 4.00 mm  4.01 mm plus

TNM Stage

T1a  T1b  T2a  T2b  T3a  T3b  T4a  T4b  Any N1-3  M1

Any evidence of recurrence?

Yes  No If yes, provide details \_\_\_\_\_

Any family history of melanoma?

Yes  No If yes, provide details \_\_\_\_\_

Any family history of dysplastic nevi syndrome?

Yes  No If yes, provide details \_\_\_\_\_

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

List any other major health problems the client has: