

CANCER—COLORECTAL CANCER QUESTIONNAIRE

Agent: _____ Phone: _____ Fax: _____

Proposed Insured Name: _____ M F Date of Birth: _____
 Face Amount: _____ Max. Premium: \$_____/year UL WL Term Survivorship
 Do you currently smoke cigarettes? Y N If no, did you ever smoke: Never Quit (Date): _____
 Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): Y N
 If Yes, please provide details: _____
 When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____
 Height: _____ ft. _____ in. Weight: _____ lbs.

(1) *Date of first diagnosis:* _____

(2) *Date of last treatment:* _____

(3) *Stage and grade of the cancer:*

- In situ Dukes' Stage B1 Dukes' Stage C1 Dukes' Stage D
 Dukes' Stage A Dukes' Stage B2 Dukes' Stage C2 Other: _____

Other staging system used: _____ Stage of cancer: _____ Grade of cancer: _____

(4) *How was the cancer treated? Please check all that apply:*

- Surgery Radiation Chemotherapy
 Other: _____

(5) *Is the proposed insured currently taking any medications? If yes:*

Name of Medication (Prescription or Otherwise)	Dates used	Quantity Taken	Frequency Taken

(6) *How often does the proposed insured have a cancer screen to detect possible recurrence?*

- Every 3 months Every 6 months Yearly Every 2 Years Every 5 years

(7) *Has there been any evidence of recurrence? If yes, please provide details:* _____

(8) *Does the proposed insured have any other medical conditions or are there other underwriting conditions?*

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