

# QUICK QUOTE Coronary Angioplasty & Bypass



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Information gathered will be used in the evaluation of the applicant's insurability. Offers are tentative subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance. © COPYRIGHT LifeBrokers.

**CLIENT:** NAME \_\_\_\_\_ /  M  F / DOB \_\_\_\_\_ AGE \_\_\_\_\_ / HT \_\_\_\_\_ WT \_\_\_\_\_ / STATE \_\_\_\_\_  
AMT. REQUESTED \$ \_\_\_\_\_ / MAX. ANNUAL PREMIUM \$ \_\_\_\_\_ / TYPE OF INS.  UL  TERM YRS. LVL \_\_\_\_\_  
TOBACCO USE  NO  YES, TYPE \_\_\_\_\_ / REPLACEMENT  YES  NO / CURRENT ANN. PREM. \$ \_\_\_\_\_  
LAST LIFE INSURANCE APP. YEAR \_\_\_\_\_ COMPANY \_\_\_\_\_ ACTION \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ / MARITAL STATUS  SINGLE  MARRIED  WIDOWED  DIVORCED  
FAMILY HISTORY - AGE, IF STILL LIVING: FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_ SIBLING 1 \_\_\_\_\_ SIBLING 2 \_\_\_\_\_ SIBLING 3 \_\_\_\_\_  
IF ANY DECEASED GIVE RELATION, AGE AND CAUSE, OF EACH \_\_\_\_\_  
DRIVING RECORD - # OF VIOLATIONS IN PAST 3 YEARS \_\_\_\_\_ / # OF DUI / RECKLESS DRIVING PAST 5 YEARS \_\_\_\_\_  
DO YOU EXERCISE 3 OR MORE TIMES PER WEEK?  NO  YES, DETAILS \_\_\_\_\_  
DATE OF LAST MEDICAL CHECKUP \_\_\_\_\_ / DATE OF LAST EKG \_\_\_\_\_ AND RESULTS \_\_\_\_\_  
LAST BLOOD PRESSURE READING (RESULTS) \_\_\_\_\_ / \_\_\_\_\_ / ARE YOU TREATED FOR BLOOD PRESSURE  NO  YES  
LAST CHOLESTEROL READING, HDL READING (RESULTS) \_\_\_\_\_, \_\_\_\_\_ TREATED FOR CHOLESTEROL  NO  YES  
**AGENT:** NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

1. WHEN WAS THE CORONARY ANGIOPLASTY PERFORMED:

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

IF A SECOND ANGIOPLASTY WAS PERFORMED:

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

2. HOW MANY ARTERIES WAS THE PROCEDURE PERFORMED ON?

1  2  3  4  5  6 OR MORE

IF SECOND PROCEDURE, HOW MANY ARTERIES:

1  2  3  4  5  6 OR MORE

3. WHICH CONDITIONS PRECEDED THE ANGIOPLASTY (PLEASE CHECK ALL THAT APPLY):

HEART ATTACK  
 CHEST PAIN  
 IRREGULAR STRESS EKG  
 EXTREME FATIGUE  
 OTHER \_\_\_\_\_

4. SINCE THE TIME OF THE ANGIOPLASTY, HAS THE CLIENT EXPERIENCE EITHER OF THE FOLLOWING:

CHEST PAIN  
 IRREGULAR STRESS EKG

5. APPROXIMATE DATE OF THE LAST EKG:

WITHIN THE LAST 6 MONTHS  
 6 MONTHS TO A YEAR AGO  
 MORE THAN A YEAR AGO

6. PLEASE LIST ALL CURRENT MEDICATIONS AND DOSAGE OF EACH:

\_\_\_\_\_  
\_\_\_\_\_

7. LIST ANY OTHER ILLNESSES OR IMPAIRMENTS (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY) ALONG WITH ALL MEDS AND VITAMINS TAKEN (INCLUDE DOSAGE AND FREQUENCY):

\_\_\_\_\_  
\_\_\_\_\_