

# QUICK QUOTE For Cancer



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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 \_\_\_\_\_  
**LIFEBROKERS OFFICE ONLY:** ENTER OFFICE NAME/LOCATION \_\_\_\_\_ FAX \_\_\_\_\_

1. PLEASE NOTE TYPE OF MALIGNANCY OR CANCER:  
 BLADDER  
 BREAST  
 CERVICAL  
 COLON OR RECTAL (COMPLETE QUESTION #4)  
 HODGKIN'S DISEASE  
 MELANOMA (COMPLETE QUESTION #5)  
 PROSTATE (COMPLETE QUESTION #9)  
 SKIN (COMPLETE QUESTION #5)  
 OTHER \_\_\_\_\_  
2. HAS TUMOR OR MALIGNANCY METASTASIZED?  
 NO  YES, DATE DIAGNOSED: MONTH \_\_\_\_\_ YEAR \_\_\_\_\_  
3. STAGE OF TUMOR OR MALIGNANCY: T \_\_\_\_\_ N \_\_\_\_\_ M \_\_\_\_\_  
(INCLUDE PATHOLOGY REPORT IF AVAILABLE)  
OR:  1  2  2A  2B  3  3A  3B  4  5  
OTHER \_\_\_\_\_  
4. FOR COLON OR RECTAL CANCER ONLY - DUKE'S SCALE:  
 A1  B1  B2  C1  C2  D  
5. FOR MELANOMA ONLY - CLARK'S LEVEL:  
 I  II  III  IV  V  
TYPE \_\_\_\_\_  
LOCATION ON BODY \_\_\_\_\_ DEPTH \_\_\_\_\_

6. TYPES OF TREATMENT USED (CHECK ALL THAT APPLY):  
 SURGICAL REMOVAL (give details) \_\_\_\_\_  
 CHEMOTHERAPY  
 RADIATION THERAPY  
 HORMONAL (ORCHIDECTOMY - DES. LUPRON)  
 OTHER \_\_\_\_\_  
7. DATE OF LAST TREATMENT RECEIVED \_\_\_\_\_  
8. HAS THERE BEEN ANY MEDICAL EVIDENCE OF RECURRENT CANCER?  
 NO  YES, DETAIL DATE AND OCCURRENCE:  
\_\_\_\_\_  
9. FOR PROSTATE CANCER ONLY - STAGE: T \_\_\_\_\_ N \_\_\_\_\_ M \_\_\_\_\_  
OR:  A1  A2  B1  B2  C1  C2  D  
GLEASON'S GRADE: \_\_\_\_\_ (VALUE BETWEEN 2-10)  
RESULTS OF MOST RECENT PSA TEST \_\_\_\_\_  
PSA RESULTS PRIOR TO TREATMENT \_\_\_\_\_  
10. 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):  
\_\_\_\_\_