

# QUICK QUOTE Ulcerative Colitis (Crohn's Disease)



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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. PLEASE NOTE TYPE OF INFLAMMATORY BOWEL DISEASE PRESENT:

- CHRONIC ULCERATIVE COLITIS
- CHRONIC PROCTITIS
- CROHN'S DISEASE

2. PLEASE LIST DATE OF ONSET \_\_\_\_\_

3. PLEASE NOTE SEVERITY:

- MILD (UP TO 4 WEEKS DURATION, MAXIMUM 1 ATTACK PER YEAR)
- MODERATE (4 TO 6 WEEKS DURATION, 2 ATTACKS PER YEAR)
- SEVERE (OVER 6 WEEKS DURATION, 3 OR MORE ATTACKS PER YEAR)

4. PLEASE NOTE LOCATION(S) OF ULCERATIVE COLITIS:

- LARGE COLON
- SMALL BOWEL
- RECTUM ONLY (PROCTITIS)

5. DATE OF LAST ATTACK OR BOUT \_\_\_\_\_

6. PLEASE DETAIL TREATMENT INVOLVED (CHECK AND DETAIL FOR ALL THAT APPLY):

- MEDICATION, TYPE AND DOSAGE \_\_\_\_\_
- SURGERY
- RESECTION WITH TOTAL COLECTOMY, DATE \_\_\_\_\_
- RESECTION WITH PARTIAL COLECTOMY, DATE \_\_\_\_\_
- HOSPITALIZATION, DATE \_\_\_\_\_

7. PLEASE NOTE ALL OTHER RELATED COMPLICATIONS OR IMPAIRMENTS (CHECK ALL THAT APPLY):

- LIVER DISORDER OR ELEVATED LIEVER FUNCTION TESTS
- ANEMIA
- GASTROINTESTINAL BLEEDING
- TRANSFUSIONS
- ARTHRITIS

8. 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):

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