

QUICK QUOTE Heart Attack



Phoenix, AZ 85049-0187
Phone: 602-494-9500/800-516-0283
FAX: 602-494-0500
Email: info@lbiusa.com

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 LIST DATE(S) OF HEART ATTACK(S) AND SEVERITY OF EACH:
DATE _____ / MILD MODERATE SEVERE
TIME UNTIL RETURN TO NORMAL ACTIVITIES? _____
DATE _____ / MILD MODERATE SEVERE
TIME UNTIL RETURN TO NORMAL ACTIVITIES? _____
2. WHAT CONDITION(S) PRECEDED THE HEART ATTACK(S)?
 CHEST PAIN
 ARRHYTHMIA OR IRREGULAR HEART BEATS
 IRREGULAR EKG
 IRREGULAR STRESS EKG
 OTHER _____
3. DOES CLIENT WORK FULL TIME? YES NO
4. ACTIVITIES CLIENT IS CAPABLE OF PERFORMING (CHECK LEVEL OF EXERCISE THAT BEST APPLIES):
 L1 - HEAVY LABOR, HANDBALL, CROSS COUNTRY, SKIING, RUNNING 10 MIN. MILES, BICYCLING AT 12MPH
 L2 - SHOVELING, WOOD CUTTING, CANOEING, JOGGING 12 MIN. MILES, SWIMMING CRAWL STROKE, ROWING MACHINE
 L3 - CARPENTRY, LAWN MOWING, SINGLES TENNIS, DOWNHILL SKIING, SWIMMING BREAST STROKE
 L4 - SEDENTARY LIFE STYLE (UNABLE TO DO L1, L2 OR L3)
5. SINCE HEART ATTACK, HAS CLIENT EXPERIENCED ANY OF THE FOLLOWING (CHECK ALL THAT APPLY):
 CHEST PAINS OR ANGINA
 IRREGULAR EKG OR STRESS EKG
 ARRHYTHMIA
 CONGESTIVE HEART FAILURE

6. DATE LAST CONSULTED PHYSICIAN _____
7. WHAT TREATMENTS HAVE BEEN PRESCRIBED?
 MEDICATION - LIST ALL MEDICATION(S) AND DOSAGE(S) PRESCRIBED:

 ANGIPLASTY OR BYPASS (USE ADDITIONAL QQ FORM)
 OTHER TREATMENTS
8. WHAT TESTS HAVE BEEN PERFORMED?
 RESTING EKG / DATE _____ RESULTS _____
 EXERCISE EKG / DATE _____ RESULTS _____
 THALLIUM TEST / DATE _____ RESULTS _____
 STRESS ECHO / DATE _____ RESULTS _____
 CORONARY CATHETERIZATION /
DATE _____ RESULTS _____
9. 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):

