

# QUICK QUOTE Hepatitis – Elevated Liver Function



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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 LIST DATE AND RESULTS OF CLIENT'S TWO MOST RECENT LIVER FUNCTION TESTS:

	RESULT	DATE#1	RESULT	DATE#2
AST/SGOT	_____	_____	_____	_____
ALT/SGPT	_____	_____	_____	_____
GGTP	_____	_____	_____	_____
ALK PHOS	_____	_____	_____	_____
BILIRUBIN	_____	_____	_____	_____

2. CHECK TYPE, AND LIST DATE AND RESULTS OF RECENT HEPATITIS SCREENING:

- A DATE \_\_\_\_\_  NEG  POS  
 B DATE \_\_\_\_\_  NEG  POS  
 C DATE \_\_\_\_\_  NEG  POS

3. HAS THE CLIENT HAD A LIVER BIOPSY?  
 NO  YES, DETAIL DATE AND RESULTS \_\_\_\_\_

4. HAS THE CLIENT EVER BEEN DIAGNOSED WITH (CHECK AND DETAIL ANY/ALL THAT APPLY):

- FATTY LIVER, DETAILS \_\_\_\_\_  
 HEPATITIS, TYPE:  
 ACUTE  CHRONIC ACTIVE  CHRONIC PERSISTENT  
 DETAILS \_\_\_\_\_  
 CIRRHOSIS, DETAILS \_\_\_\_\_

5. DOES THE CLIENT CONSUME ANY TYPE OF ALCOHOLIC BEVERAGE?  
 NO  YES, DETAIL FREQUENCY AND AMOUNT:

IF NO, DATE OF LAST DRINK: MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

6. DATE OF CLIENT'S LAST VISIT TO A PHYSICIAN:  
 0 TO 6 MONTHS AGO  
 6 TO 12 MONTHS AGO  
 12 TO 24 MONTHS AGO  
 OVER 2 YEARS AGO

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):

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