

Nashville Brokerage

"Saving You Time, Making You Money"

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QUICK QUOTE

Cancer

JIM BECK

www.nashvillebrokerage.com

Client Name _____ Sex _____ DOB _____ AGE _____ HT _____ WT _____ State _____

Amt. requested \$ _____ Annual Premium \$ _____ Type of Insurance UL _____ Term _____

Tobacco use No _____ Yes _____ Type _____ Amt of Insurance in force _____ Replacement _____

Occupation _____ Marital Status Single Married Divorced Widowed

Family History- Age if still living: Father _____ Mother _____ Brothers _____ Sisters _____

Any deceased? If so give relation, age and cause of death of each _____

Do you exercise regularly? Yes _____ No _____ Details _____

Date of last medical checkup _____ Date of last EKG _____ Results of EKGs _____

Are you treated for Hypertension? Yes _____ No _____ Last Blood Pressure Reading _____ / _____

Are you treated for Cholesterol? Yes _____ No _____ Last Cholesterol HDL Readings _____ / _____

Agent: Name _____ Phone _____ Fax _____ Email _____

Address _____ City _____ State _____ Zip _____

1 Date Cancer diagnosed? _____

5 For Colon or Rectal Cancer only- Dukes Scale

2 Please note type of malignancy or cancer (Circle)

A1 _____ B1 _____ B2 _____ C1 _____ C2 _____ D _____

Bladder

6 For Melanoma only - Clarks Level

Cervical

I _____ II _____ III _____ IV _____ V _____

Colon or Rectal (Complete question 5)

Type _____

Melanoma (Complete question 6)

Location on body _____ Depth _____

Skin (Complete question 6)

7 Types of Treatment used. (Circle all that apply)

Other _____

Surgical Removal give

details _____ Chemotherapy Radiation.

3 Has the tumor or malignancy metastasized?

Other _____

4 Stage of tumor or malignancy T _____ N _____ M _____

8 Date of last treatment received _____ any evidence of recurrence? _____

Or 1 _____ 2 _____ 2A _____ 2B _____ 3A _____ 3B _____ 4 _____ 5 _____

9 List any other illnesses and all medications taken. Complete any other Quick Quote forms needed.

Other