

Nashville Brokerage

"Saving You Time, Making You Money"

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QUICK QUOTE

Stroke (CVA)

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 Please list date of Stroke.

Month _____ Year _____

2 Has the applicant had more than one stroke? If so how many?

3 Has the applicant ever had Carotid Artery Surgery as the result of a Stroke? If so what date?

Month _____ Year _____

4 As a result of a stroke does the applicant have any residual deficits? Circle all that apply.

Slurred Speech

Loss of use or restricted limb movement

Other Impairment.

5 Has applicant had a Stress EKG? If so what is the date of the last Stress EKG

Month _____ Year _____ Results _____

6 List any other illnesses or impairments. List all medications taken with dosages and frequency. Complete any other Quick Quote forms that may be needed.