DIVERSIFIED™
INDIVIDUAL BROKERAGE LLC
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PRINT SUBMIT

QUICK QUOTE FOR CANCER

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, PROVIDE RELATION, AGE AND CAUSE OF DEATH _____

HAVE ANY OF YOUR FAMILY MEMBERS BEEN DIAGNOSED WITH CANCER, DIABETES OR HEART DISEASE PRIOR TO AGE 60? IF YES, PROVIDE RELATION, ILLNESS AND AGE OF ONSET_____

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 _____ RESULTS _____

DATE OF LAST RESTING EKG _____ RESULTS_____

LAST BLOOD PRESSURE READING (EXAMPLE 140/80) _____/ ARE YOU TREATED FOR BLOOD PRESSURE? ☐NO ☐YES

LAST TOTAL CHOLESTEROL READING AND HDL READING _____/ARE YOU TREATED FOR CHOLESTEROL? ☐NO ☐YES

AGENT: NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

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1. PLEASE SPECIFY TYPE OF MALIGNANCY OR CANCER: **
   - ☐BLADDER
   - ☐BREAST
   - ☐CERVICAL
   - ☐COLON OR RECTAL
   - ☐MELANOMA
   - ☐PROSTATE
   - ☐SKIN
   - ☐HODGKIN'S OR NON-HODGKIN'S LYMPHOMA
   - ☐OTHER _____

   DATE OF DIAGNOSIS_____

2. FOR MELANOMA ONLY
   CLARK'S LEVEL: ☐I ☐II ☐III ☐IV ☐V
   STAGE: T ___ N ___ M _____GRADE_____
   TYPE _____
   LOCATION ON BODY _____ DEPTH _____

3. FOR PROSTATE CANCER ONLY
   STAGE: T ___ N ___ M____
   GLEASON'S GRADE: _____ (VALUE BETWEEN 2-10)
   PSA RESULTS PRIOR TO TREATMENT _____
   RESULTS OF MOST RECENT PSA TEST _____

4. FOR ALL OTHER CANCERS
   SPECIFY TYPE OF CANCER_____
   LOCATION OF CANCER_____.
   STAGE: T ____ N ____ M _____ GRADE_____

   FOR LYMPHOMA, SPECIFY GRADE:
   ☐LOW ☐INTERMEDIATE ☐HIGH

5. PLEASE INDICATE TYPE OF TREATMENT. CHECK ALL THAT APPLY AND INCLUDE DATES OF TREATMENT:
   - ☐SURGICAL (GIVE DETAILS) _____
   - ☐CHEMOTHERAPY_____
   - ☐RADIATION THERAPY_____
   - ☐HORMONAL _____
   - ☐OTHER _____

6. DATE TREATMENT WAS COMPLETED: _____

7. DID METASTASIS OCCUR? ☐NO ☐YES
   IF YES, PROVIDE: DATE _____ (MONTH /YEAR)
   DETAILS_____

8. HAS THERE BEEN ANY RECURRENCE OF CANCER?
   ☐NO ☐YES; IF YES, PLEASE PROVIDE DETAILS, DATE OF RECURRENCE, STAGE, GRADE, TREATMENT AND WHEN TREATMENT ENDED:
   _____
   _____

9. LIST ANY OTHER ILLNESSES OR IMPAIRMENTS (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY) ALONG WITH ALL MEDICATIONS TAKEN (INCLUDE DOSAGE AND FREQUENCY):_____
   _____

***** PLEASE INCLUDE A COPY OF THE PATHOLOGY REPORT, IF AVAILABLE***

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