DIVERSIFIED™
INDIVIDUAL BROKERAGE LLC
Go ahead.

QUICK QUOTE FOR ULCERATIVE COLITIS & CROHN'S DISEASE

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 NOTE TYPE OF INFLAMMATORY BOWEL DISEASE :

☐ CHRONIC ULCERATIVE COLITIS
☐ CHRONIC PROCTITIS
☐ CROHN'S DISEASE

2. PLEASE LIST DATE OF ONSET _________________________

3. PLEASE NOTE SEVERITY:

☐ MILD (UP TO 4 WEEKS DURATION, MAXIMUM 1 ATTACK PER YEAR)
☐ MODERATE (4 TO 6 WEEKS DURATION, 2 ATTACKS PER YEAR)
☐ SEVERE (OVER 6 WEEKS DURATION, 3 OR MORE ATTACKS PER YEAR)

4. PLEASE NOTE LOCATION(S) OF ULCERATIVE COLITIS:

☐ LARGE COLON
☐ SMALL BOWEL
☐ RECTUM ONLY (PROCTITIS)

5. DATE OF LAST ATTACK: ____________________________

6. DATE OF LAST COLONOSCOPY AND RESULTS:

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7. PLEASE DETAIL TREATMENT INVOLVED (CHECK AND DETAIL ALL THAT APPLY):

☐ MEDICATION, TYPE AND DOSAGE ______________________
☐ RESECTION WITH TOTAL COLECTOMY, DATE _____________
☐ RESECTION WITH PARTIAL COLECTOMY, DATE __________
☐ SURGERY (IF OTHER), TYPE & DATE____________________
☐ HOSPITALIZATION, DATE _____________________________

8. PLEASE NOTE ALL OTHER RELATED COMPLICATIONS OR IMPAIRMENTS (CHECK ALL THAT APPLY):

☐ LIVER DISORDER OR ELEVATED LIVER FUNCTION TESTS; PROVIDE DETAILS BELOW IF CHECKED

AST________ALT_______ GGTP_________ ALK PHOS _________

☐ ANEMIA
☐ GASTROINTESTINAL BLEEDING
☐ TRANSFUSIONS
☐ ARTHRITIS

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

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