

QUICK QUOTE FOR CORONARY ANGIOPLASTY AND/OR STENT PLACEMENT

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 _____
CPS OFFICE ONLY: ENTER OFFICE NAME/LOCATION _____ FAX _____

1. WHEN WAS THE CORONARY ANGIOPLASTY PERFORMED?
 MONTH _____ YEAR _____

IF A SECOND ANGIOPLASTY WAS PERFORMED:
 MONTH _____ YEAR _____

2. HOW MANY ARTERIES WAS THE PROCEDURE PERFORMED ON?
 1 2 3 4 5 6 OR MORE

IF SECOND PROCEDURE, HOW MANY ARTERIES:
 1 2 3 4 5 6 OR MORE

3. WHICH CONDITIONS PRECEDED THE ANGIOPLASTY (PLEASE CHECK ALL THAT APPLY):

- HEART ATTACK
- CHEST PAIN
- IRREGULAR STRESS EKG
- EXTREME FATIGUE
- OTHER _____

4. SINCE THE TIME OF THE ANGIOPLASTY, HAS THE CLIENT EXPERIENCED EITHER OF THE FOLLOWING:

- CHEST PAIN
- IRREGULAR STRESS EKG

5. DATE OF LAST:

- RESTING EKG DATE _____ RESULTS _____
- STRESS TEST DATE _____ RESULTS _____
- NUCLEAR STRESS TEST DATE _____ RESULTS _____
- STRESS ECHO DATE _____ RESULTS _____

6. PLEASE LIST ALL CURRENT MEDICATIONS AND DOSAGE OF EACH:

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):

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.