

CANCER—COLORECTAL CANCER QUESTIONNAIRE

Agent:

Phone:

Fax:

Proposed Insured Name: _____ ☐ M ☐ F Date of Birth: _____
Face Amount: _____ Max. Premium: \$_____/year ☐ UL ☐ WL ☐ Term ☐ Survivorship
Do you currently smoke cigarettes? ☐ Y ☐ N If no, did you ever smoke: ☐ Never ☐ Quit (Date): _____
Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): ☐ Y ☐ N
If Yes, please provide details: _____
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____
Height: _____ ft. _____ in. Weight: _____ lbs.

(1) *Date of first diagnosis:* _____

(2) *Date of last treatment:* _____

(3) *Stage and grade of the cancer:*

☐ In situ ☐ Dukes' Stage B1 ☐ Dukes' Stage C1 ☐ Dukes' Stage D
☐ Dukes' Stage A ☐ Dukes' Stage B2 ☐ Dukes' Stage C2 ☐ Other: _____

Other staging system used: _____ Stage of cancer: _____ Grade of cancer: _____

(4) *How was the cancer treated? Please check all that apply:*

☐ Surgery ☐ Radiation ☐ Chemotherapy
☐ Other: _____

(5) *Is the proposed insured currently taking any medications? If yes:*

Name of Medication (Prescription or Otherwise)	Dates used	Quantity Taken	Frequency Taken

(6) *How often does the proposed insured have a cancer screen to detect possible recurrence?*

☐ Every 3 months ☐ Every 6 months ☐ Yearly ☐ Every 2 Years ☐ Every 5 years

(7) *Has there been any evidence of recurrence? If yes, please provide details:* _____

(8) *Does the proposed insured have any other medical conditions or are there other underwriting conditions?*

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