

Diversified Ins. Brokers, Inc. - QUICK QUOTE DIABETES

Client Name _____ Male Female Date of Birth _____ State _____

Amount of Insurance \$ _____ Type of Insurance _____

Height _____ Weight _____

Tobacco Use? Never Present Former Check type: smokeless cigar cigarette pipe

Mo/Year quit _____ # Years as a smoker _____ # Packs per day _____

Is there a history of cancer, diabetes, stroke, heart disease, high blood pressure or kidney disease among parents or siblings? Yes No

Family History	Age of Living	State of Health or Cause of Death	Age of Death
Father			
Mother			
Brothers and Sisters			

- Age of onset of diabetes? _____
- What is the method of control? Diet only
 Oral medication (List medication) _____
 Insulin injection (type and dosage) _____
- How many times per day do you administer your insulin? I am on an insulin pump one or two times per day three or more per day
- How often do you monitor blood sugar levels? one or two times per day three or more per day
- Average fasting glucose? _____
- Recent range for fasting glucose (high/low)? _____
- Please indicate below if you have had any of the following:
 EKG abnormalities Eye trouble Heart trouble Skin ulceration Neuropathy or loss of feeling
 Insulin reactions Diabetic coma Protein in urine Amputations Other
Please explain any answers marked in 5: _____

8. Date of last Glycohemoglobin (HbA1c) test: _____ Results: _____

9. How long as your Glycohemoglobin (HbA1c) level remained constant? 0 to 6 months 6 to 12 months 13 months or more

10. List all medications below, including vitamin supplements, aspirin, allergy and over-the-counter drugs or supplements. Include frequency and dosage.

11. Last life insurance application: Date _____ Company _____ Action _____

Any additional information: _____



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Margaret@diversifiedins.com

Agent Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____

Email _____

The information gathered above will be used in the evaluation of the insurability of the applicant. All offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance.