

Brokerage Concepts, Inc.  
Quick Quote Form

Please fax completed form to:

(610)878-9614

to the attention of:

Life Brokerage Manager

# BROKERAGE CONCEPTS, INC. - QUICK QUOTE FOR CANCER

INFORMATION GATHERED WILL BE USED IN THE EVALUATION OF THE INSURABILITY OF THE APPLICANT. OFFERS ARE TENTATIVE AND ARE SUBJECT TO VERIFICATION OF THE SUBMITTED MEDICAL EVIDENCE AND OTHER CRITERIA USED IN THE UNDERWRITING OF LIFE INSURANCE.

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CLIENT: NAME \_\_\_\_\_ / [ ] M [ ] F / DOB \_\_\_\_\_ AGE \_\_\_\_\_ / HT \_\_\_\_\_ WT \_\_\_\_\_ / STATE \_\_\_\_\_  
AMNT. 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(S), AGE(S) AND CAUSE(S) \_\_\_\_\_  
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 \_\_\_\_\_  
LAI OFFICE ONLY: ENTER OFFICE NAME/LOCATION \_\_\_\_\_ FAX \_\_\_\_\_

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1. TYPE OF MALIGNANCY OR CANCER?  
[ ] BLADDER  
[ ] BREAST  
[ ] CERVICAL  
[ ] COLON OR RECTAL (ALSO COMPLETE QUESTION #4)  
[ ] HODGKIN'S DISEASE  
[ ] MELANOMA (ALSO COMPLETE QUESTION #5)  
[ ] PROSTATE (ALSO COMPLETE QUESTION #9)  
[ ] SKIN (ALSO COMPLETE QUESTION #5)  
[ ] OTHER \_\_\_\_\_

2. HAS TUMOR OR MALIGNANCY METASTASIZED?  
[ ] YES [ ] NO, PLEASE DETAIL:  
DATE DIAGNOSED: MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

3. STAGE OF TUMOR OR MALIGNANCY: T \_\_\_ N \_\_\_ M \_\_\_  
OR [ ] 1 [ ] 2 [ ] 2A [ ] 2B [ ] 3 [ ] 3A [ ] 3B [ ] 4 [ ] 5  
[ ] OTHER \_\_\_\_\_

4. DUKE'S SCALE (FOR COLON OR RECTAL CANCER ONLY):  
[ ] A1 [ ] B1 [ ] B2 [ ] C1 [ ] C2 [ ] D

5. CLARK'S LEVEL (FOR MELANOMA ONLY):  
[ ] I [ ] II [ ] III [ ] IV [ ] V  
TYPE \_\_\_\_\_  
LOCATION ON BODY \_\_\_\_\_  
DEPTH OF MELANOMA \_\_\_\_\_

6. TYPES OF TREATMENT USED (CHECK ALL APPLICABLE):  
[ ] SURGICAL REMOVAL OF MALIGNANCY  
[ ] CHEMOTHERAPY  
[ ] RADIATION THERAPY  
[ ] HORMONAL (ORCHIDECTOMY - DES. LUPRON)  
[ ] OTHER \_\_\_\_\_

7. DATE OF LAST TREATMENT RECEIVED \_\_\_\_\_

8. HAS THERE BEEN ANY MEDICAL EVIDENCE OF RECURRENT CANCER?  
[ ] NO [ ] YES, PLEASE DETAIL DATE AND OCCURRENCE  
\_\_\_\_\_

9. (FOR PROSTATE CANCER ONLY):  
STAGE: T \_\_\_ N \_\_\_ M \_\_\_  
OR [ ] A1 [ ] A2 [ ] B1 [ ] B2 [ ] C1 [ ] C2 [ ] D  
GLEASON'S GRADE: [ ] 2 OR 3 [ ] 4 OR 5 [ ] 6 OR MORE  
RESULTS OF MOST RECENT PSA TEST \_\_\_\_\_

10. LIST ANY OTHER ILLNESSES OR IMPAIRMENTS, ALONG WITH ALL MEDS AND VITAMINS TAKEN, INCLUDE DOSAGE AND FREQUENCY:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_