

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 CORONARY ANGIOPLASTY AND BYPASS**

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.

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 \_\_\_\_\_

1. WHICH OF THE FOLLOWING PROCEDURES WAS DONE?

- [ ] CORONARY BYPASS
[ ] ANGIOPLASTY (GO TO QUESTION #6)

2. WHEN WAS BYPASS SURGERY PERFORMED?

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

IF A SECOND BYPASS WAS PERFORMED:

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

3. AGE WHEN BYPASS SURGERY WAS PERFORMED \_\_\_\_\_

4. HOW MANY GRAFTS WERE PERFORMED?

[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 OR MORE

5. INDICATE THE TYPE OF GRAFT(S) USED:

- [ ] SAPHENOUS VEIN (FROM LEGS)
[ ] INTERNAL MAMMARY ARTERY
[ ] BOTH

IF THERE WAS ANGIOPLASTY DONE IN ADDITION TO BYPASS SURGERY, PLEASE CONTINUE WITH QUESTION 6, IF NOT GO TO QUESTION 8.

6. WHEN WAS THE CORONARY ANGIOPLASTY PERFORMED?

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

IF A SECOND ANGIOPLASTY WAS PERFORMED:

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

7. HOW MANY ARTERIES WAS THE PROCEDURE PERFORMED ON:

[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 OR MORE

8. WHICH CONDITIONS PRECEDED THE ANGIOPLASTY OR BYPASS?

- [ ] HEART ATTACK
[ ] CHEST PAIN
[ ] IRREGULAR STRESS EKG
[ ] EXTREME FATIGUE
[ ] OTHER \_\_\_\_\_

9. SINCE THE TIME OF THE ANGIOPLASTY OR BYPASS, HAS THE CLIENT EXPERIENCED EITHER OF THE FOLLOWING:

- [ ] CHEST PAIN
[ ] IRREGULAR STRESS EKG

10. APPROXIMATE DATE OF THE LAST EKG:

- [ ] WITHIN THE LAST 6 MONTHS
[ ] 6 MONTHS TO A YEAR AGO
[ ] MORE THAN A YEAR AGO

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_