

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 HEART ATTACK (MYOCARDIAL INFARCTION)

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. LIST DATES OF HEART ATTACKS AND SEVERITY OF EACH:

DATE \_\_\_\_\_ [ ] MILD [ ] MODERATE [ ] SEVERE  
TIME UNTIL RETURN TO NORMAL ACTIVITIES? \_\_\_\_\_  
DATE \_\_\_\_\_ [ ] MILD [ ] MODERATE [ ] SEVERE  
TIME UNTIL RETURN TO NORMAL ACTIVITIES? \_\_\_\_\_

## 2. WHAT CONDITION(S) PRECEDED THE HEART ATTACK(S)?

[ ] CHEST PAIN  
[ ] ARRHYTHMIA OR IRREGULAR HEART BEATS  
[ ] IRREGULAR EKG  
[ ] IRREGULAR STRESS EKG  
[ ] OTHER \_\_\_\_\_

## 3. DOES CLIENT WORK FULL TIME? [ ] YES [ ] NO

## 4. ACTIVITIES CAPABLE OF PERFORMING (CHECK LEVEL OF EXERCISE THAT BEST APPLIES):

[ ] LEVEL ONE - HEAVY LABOR, HANDBALL, CROSS COUNTRY SKIING, RUNNING 10 MINUTE MILES, BICYCLING AT 12MPH  
[ ] LEVEL TWO - SHOVELING, WOOD CUTTING, CANOEING, JOGGING 12 MINUTE MILES, SWIMMING CRAWL STROKE, ROWING MACHINE  
[ ] LEVEL THREE - CARPENTRY, LAWN MOWING, SINGLES TENNIS, DOWNHILL SKIING, SWIMMING BREAST STROKE  
[ ] LEVEL FOUR - SEDENTARY LIFE STYLE (UNABLE TO DO ANY OF LEVELS ONE THROUGH THREE)

## 5. SINCE THE HEART ATTACK, HAS CLIENT EXPERIENCED ANY OF THE FOLLOWING?

[ ] CHEST PAINS OR ANGINA  
[ ] IRREGULAR EKG OR STRESS EKG  
[ ] ARRHYTHMIA  
[ ] CONGESTIVE HEART FAILURE

## 6. WHAT TREATMENT(S) HAVE BEEN PRESCRIBED?

DATE LAST CONSULTED PHYSICIAN \_\_\_\_\_ LIST ALL  
MEDICATIONS: \_\_\_\_\_  
[ ] ANGIOPLASTY OR [ ] BYPASS, DETAILS: \_\_\_\_\_  
DATE \_\_\_\_\_

## NUMBER OF ARTERIES OR GRAFTS PERFORMED ON:

DATE \_\_\_\_\_  
OTHER TREATMENTS: \_\_\_\_\_

## 7. WHAT TESTS HAVE BEEN PERFORMED? (CHECK ALL THAT APPLY):

[ ] RESTING EKG / DATE \_\_\_\_\_ RESULTS \_\_\_\_\_  
[ ] EXERCISE EKG / DATE \_\_\_\_\_ RESULTS \_\_\_\_\_  
[ ] THALLIUM TEST / DATE \_\_\_\_\_ RESULTS \_\_\_\_\_  
[ ] STRESS ECHO / DATE \_\_\_\_\_ RESULTS \_\_\_\_\_  
[ ] CORONARY CATHETERIZATION  
DATE \_\_\_\_\_ RESULTS \_\_\_\_\_

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

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