



BackNine Insurance

QUICK QUOTE FOR CANCER

Information gathered will be used in the evaluation of the applicant's insurability. Offers are tentative 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 _____

AMT. 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) _____

DO YOU EXERCISE 3 OR MORE TIMES PER WEEK NO YES, DETAILS _____

DATE OF LAST MEDICAL CHECKUP _____ / DATE OF LAST EKG _____ AND RESULTS _____

AGENT: NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

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 ___
(INCLUDE PATHOLOGY REPORT IF AVAILABLE)
- 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:**
(INCLUDE PATHOLOGY REPORT IF AVAILABLE)
- 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 _____

PSA RESULTS PRIOR TO TREATMENT _____

10. LIST ANY OTHER ILLNESSES OR IMPAIRMENTS (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY), ALONG WITH ALL MEDS AND VITAMINS TAKEN, INCLUDE DOSAGE AND FREQUENCY:
- _____
- _____
- _____