



BackNine Insurance

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 _____

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:
