



BackNine Insurance

QUICK QUOTE FOR HEART ATTACK (MYOCARDIAL INFARCTION)

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) _____

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. 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 (use the additional QQ form)

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 (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY), ALONG WITH ALL MEDS AND VITAMINS TAKEN, INCLUDE DOSAGE AND FREQUENCY:
