



© QUICK QUOTE FOR CEREBROVASCULAR ACCIDENT (STROKE)

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.
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CLIENT: NAME _____ / [] M [] F / DOB _____ AGE _____ / HT _____ WT _____ / STATE _____

AMNT. REQUESTED \$ _____ / MAX. ANNUAL PREMIUM \$ _____ / TYPE OF INS.: [] PERM [] TERM YRS. LEVEL _____

TOBACCO USE: [] NO [] YES, DETAIL _____ / REPLACEMENT? [] YES [] NO / CURRENT ANN. PREMIUM \$ _____

LAST LIFE INSURANCE APP.: YEAR _____ COMPANY _____ ACTION _____

AGENT: NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

FOR USE BY CPS OFFICE ONLY: ENTER OFFICE NAME/LOCATION _____ FAX _____

1. THE DATE OF CLIENT'S FIRST STROKE:

MONTH _____ YEAR _____

2. THE DATE OF CLIENT'S LAST STROKE:

MONTH _____ YEAR _____

3. NUMBER OF STROKES SUFFERED DURING THE LAST 24 MONTHS:

- [] NONE
- [] ONE
- [] TWO OR MORE

4. HAS THE CLIENT EVER HAD CAROTID ARTERY SURGERY AS THE RESULT OF A STROKE?

[] YES [] NO, IF YES, PLEASE DETAIL:

MONTH _____ YEAR _____

5. AS A RESULT OF STROKE, DOES THE CLIENT HAVE ANY RESIDUAL NEUROLOGICAL DEFICITS, SUCH AS: SLURRED SPEECH, LOSS OF USE OR RESTRICTED LIMB MOVEMENT, OR ANY OTHER IMPAIRMENT?

[] YES [] NO, IF YES, PLEASE DETAIL:

6. APPROXIMATE DATE OF THE LAST STRESS EKG:

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

7. LIST THE LAST CHOLESTEROL READING, IF KNOWN:

_____ HDL RATIO _____

8. LIST THE LAST BLOOD PRESSURE READING, IF KNOWN:

_____ SYSTOLIC/ _____ DIASTOLIC

9. HAS A PARENT, BROTHER OR SISTER DIED PRIOR TO AGE 65, OTHER THAN BY ACCIDENT?

[] YES [] NO IF YES, PLEASE DETAIL _____

10. DOES THE CLIENT EXERCISE THREE OR MORE TIMES PER WEEK?

[] YES [] NO IF YES, PLEASE DETAIL _____

11. CLIENT'S OCCUPATION _____

12. PLEASE LIST ANY OTHER ILLNESSES OR IMPAIRMENTS; ALONG WITH ANY AND ALL MEDICATIONS CURRENTLY BEING TAKEN, INCLUDE THE DOSAGE AND FREQUENCY OF EACH:

