

**CLIENT NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Male  Female Date of birth: \_\_\_\_\_ Height: \_\_\_\_\_' \_\_\_\_\_" Weight: \_\_\_\_\_

**Tobacco Use:**  Never used  Totally stopped Date stopped: \_\_\_\_\_  Use now Type of nicotine product: \_\_\_\_\_

**Type of Coverage:**  Term  UL  Survivor **Type of Coverage:**  Term  UL  Survivor UL

**Coverage Amount:** \_\_\_\_\_ **Anticipated Premium:** \_\_\_\_\_

**FAMILY HISTORY**

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?  
**If yes, use separate sheet to provide this information, including age of onset and date of death**

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. Date(s) of diagnoses: \_\_\_\_\_

2. What was the type of cancer was diagnosed?  Basal cell carcinoma  Squamous cell carcinoma  Malignant melanoma

3. Where was the skin cancer located? \_\_\_\_\_

4. Has the cancer metastasized (spread) beyond the skin?

No  Yes; please give details \_\_\_\_\_  
\_\_\_\_\_

5. Has there been any evidence of recurrence?

No  Yes; please give details \_\_\_\_\_  
\_\_\_\_\_

6. For malignant melanoma only, what stage was the cancer?

Clark I/in situ  Clark II/Breslow < 0.75mm  Clark III/Breslow .75–1.5mm  Clark IV/Breslow 1.51–4.0mm  
 Clark V/Breslow > 4.0mm

9. Is client on any medications? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

10. Does client have any other health issues? (additional questionnaires may be required)  No  Yes; please give details

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