UNDERWRITING QUESTIONNAIRE					
	Agent Name:		Phone:		
Air	gent Email:		State of Issue/Delivery:		
	Proposed Insured's Name: M F				
	Height:ftin. Weight:lbs. Current Cigarette Smoker?				
Ever a cigarette smoker? No Yes Date last used:					
Any other tobacco use? (cigar, pipe, snuff/chew, patch, gum, e-cigarette) No Yes					
If yes, provide details:					
	Last date any form of tob	acco used?F	ace Amt:\$	Term Perm Surv	
KIDNEY CANCER					
Exact type of renal cancer:					
Adenocarcinoma	Clear Cell Carcinom	ia 🗌 Hypern	ephroma [Nephroblastoma	
Renal Cell Carcinoma	Sarcoma	☐ Wilms'	tumor		
•					
Stage: 2 (T2N0M0) 2 (T2N0M0)					
3 (T3N0M0) or (T1 – 3N1 M0), please specify which 4 (T4 N0-1 M0) or (Tany N2 M0) Or (Tany N2 M1), please specify which					
Date of first diagnosis: Date of surgery:					
*If possible, please provide a copy of the pathology report.					
, pecolare, preside a copy of and parameters, repensi					
Type of surgery: Nephrectomy (removal of entire kidney Partial nephrectomy (part of the kidney removed) Other procedure (please explain):					
Did the proposed insured have any: Chemo Radiation If yes, date of last treatment:					
Have urinalysis results been in normal range?					
Have kidney functions been in normal range on blood work?					
If known, please provide the readings from the most recent labs: Creatinine: BUN GFR					
Greatiline.					
Any evidence of recurrence? Yes No If yes, provide details:					
Please provide information on medications currently taking:					
Name of Medication (Pres		Dates Used	Quantity Taken	Frequency Taken	
	on parent of content moo,		Quantity runtin	Troquency runen	
		$\overline{\mathbf{v}}$			
Please provide additional details about the proposed insured's medical history:					

Please use the fillable fields to complete the form, then save and email to our underwriting team at underwriting@dbs-lifemark.com. You may also print and fax completed form to 952.697.5003. Questions? Call the Underwriting Team at x2312.

