

UNDERWRITING QUESTIONNAIRE



Agent Name: _____ Phone: _____
 Agent Email: _____ State of Issue/Delivery: _____
 Proposed Insured's Name: _____ ☐ M ☐ F Date of Birth: _____
 Height: ____ ft. ____ in. Weight: _____ lbs. Current Cigarette Smoker? ☐ No ☐ Yes
 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 tobacco used? _____ Face Amt:\$ _____ ☐ Term ☐ Perm ☐ Surv.

TESTICULAR CANCER

Date of diagnosis: _____ Date of surgery: _____

***Please include a copy of the pathology report.**

Exact name of the type of tumor: ☐ Gonadal Stromal Tumor ☐ Secondary Testicular Tumor

What was the type of testicular cancer?

☐ Seminoma ☐ Non-Seminomatous ☐ Non germ cell/stromal ☐ Sarcoma

Indicate the stage of the cancer: ☐ Stage 1 ☐ Stage 2 ☐ Stage 3

Indicate the grade of the cancer:

Primary Tumor ("T") ☐ TIS ☐ T1 ☐ T2 ☐ T3 ☐ T4

Lymph Node ("N") ☐ N0 ☐ N1 ☐ N2 ☐ N3 or more

Metastasis/spread ("M") ☐ M0 ☐ M1 ☐ M1a ☐ M1b

Has there been any other treatment? (Check all that apply)

☐ Radiation Therapy ☐ Chemotherapy

☐ Other: _____

Has there been any evidence of recurrence? ☐ No ☐ Yes

If Yes, please provide details:

Does the proposed insured take any medications (prescription or otherwise) at this time? ☐ No ☐ Yes

If yes, please provide name of medication and dosage:

Please provide any additional details about the proposed insured's medical condition:

Please use the fillable fields to complete the form, then save and email to our underwriting team at underwriting@dbb-lifemark.com.

You may also print and fax completed form to 952.697.5003. Questions? Call the Underwriting Team at x2312.

