

The Brokerage Resource, Inc.

ARTHRITIS QUESTIONNAIRE

Proposed Insured's Name: _____ DOB: _____ Sex: M F
Tobacco Use: Yes No Amount: _____ Height: _____ Ft. In. Weight: _____
Broker's Name: _____ Face Amount: _____
Address: _____ Phone: _____ Fax: _____

Proposed Insured please answer the following:

1. When were you first diagnosed with arthritis?
 2. What type of arthritis do you have?
 3. Do you have to use any devices to assist you due to your arthritis? No Yes
Details: _____
 4. Are you able to take care of yourself? Yes No
 5. Are you able to work? No Yes
Details: _____
 6. Have you had any type of surgery due to arthritis? No Yes, Details: _____
 7. Are you on any medication(s)? No Yes, Name(s) and dosage(s): _____
 8. Date you last consulted your physician: _____
 9. Name and address of your physician(s): _____
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Date: _____ Proposed Insured's Signature: _____