

Pre-Underwriting Inquiry

Services provided by
Producers XL
2105 E. Crawford Ave
Salina, KS 67401
1-800-541-6705



Date _____

Please complete this form legibly and provide as much information as possible and email to Angie@ProducersXL.com. More details allow us to better assess the proposed risk. You may submit additional documentation with this form (a maximum of 5 pages) about the impairment questions.

Producer Information

Name	
Email (for response)	Phone

Client Information

Name				Gender
Date of birth	Age	Height	Weight	Tobacco Y/N

Product Options

Face amount or proposed premium (for single premium) _____

Single Insured Married, applying alone*

*If A Spouse is Uninsurable Consider applying for short-term care

Medical Information to Assess

Coronary (check if this section is not applicable)

Date of diagnosis/onset of chest pain _____

Dates and details of treatment and/or surgery (e.g., angioplasty, bypass, etc.) _____

Date of last testing (EKG, stress, stress echo, etc.) _____

Medications _____

Cancer (check if this section is not applicable)

Name/diagnosis and location _____

Date of diagnosis _____ Stage/Grade/Metastasis _____

Dates/details of treatment and/or surgery _____

Any recurrence _____ Date of last follow-up _____

Diabetes (check if this section is not applicable)

Date of diagnosis _____ Type I or II _____

Treatment: Insulin Diet Medications

List insulin dosage and/or medications _____

Date/result of last A1c _____

Has proposed insured been diagnosed with any of the following: Retinopathy Heart Disease

Hypertension Neuropathy Kidney Disease Insulin Reaction Urine Protein/Microalbumin

Cerebrovascular/Peripheral Vascular Disease?

Other Medical Impairment

Name	Diagnosis	Date of onset	Date of last symptoms/treatment

Date/details of treatment/surgery _____

Testing/results _____

All Medications

Name	Dosage	Reason for taking	Date first prescribed

Pending Doctor's Visits: Appointments, Surgeries, Physical Therapy, etc.

Date of Pending visit	Reason	Testing (all tests performed or scheduled)

Note: This is an underwriting opinion only and is based solely on the information provided. It is valid for 60 days. If proceeding with a formal application, please forward our email reply along with the rest of the paperwork. The offer is tentative and nonbinding, subject to favorable review of full age and amount requirements, medical and nonmedical records, ownership/beneficiary and any requested financial documentation.

Additional Questions or Comments
