



Aneurysm Questionnaire

Agent Name: _____ Phone #: _____

Agent E-mail: _____

Client Name: _____ Date of Birth: _____

Sex: Male / Female Height: _____ Weight: _____ State: _____ Smoker: Yes / No

Face Amount: \$ _____ Type of Insurance: UL WL SUL Term (# of years _____)

1. When was the proposed insured first diagnosed with an aneurysm? _____

2. What type of aneurysm was diagnosed?

- Aortic aneurysm Cerebral aneurysm Ventricular aneurysm
- Atrial aneurysm Cirroid aneurysm

3. Size of the aneurysm: _____ cm

4. Has the aneurysm changed in size or location since the time it was first diagnosed? Yes No

5. Has the proposed insured experienced internal bleeding? Yes No

6. Does the proposed insured have a history of surgery? Yes No

7. Does the proposed insured have a family history of aneurysms? Yes No

8. How was the aneurysm treated? _____

9. Is the proposed insured current taking any medication(s)? Yes No
If yes, provide name, dosage and frequency of medication(s) _____

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