



Colon Cancer 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 colon cancer? _____

2. What is the Stage and Duke's score: _____

3. What there any spreading of the cancer (to lymph nodes, other organs, etc)? Yes No
If yes, where: _____

4. What treatments did the proposed insured receive?
 Surgery Date and details: _____
 Chemotherapy How long did it last: _____
 Radiation How long did it last: _____
 Other: _____

5. Is there any family history of death due to cancer or heart disease? Yes No
If yes, provide family member and age at death: _____

6. 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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