	CANCER—GENERAL CA	NCER QUES	TIONNAIRE	
Agent:	Pho	one:	Fax:	
Do you currently smoke Do you currently use an	Max. Premium: \$ cigarettes? \(\sigma \) \(\sigma \) N	ver smoke: Never snuff, nicotine patch, N (Year) Type used last:	□ WL □ Term □ □ Quit (Date): icorette gum): □ Y	T □ N
(1) Exact name of the	cancer:			
(2) Date of diagnosis:	!	o) Date of last treatmen	ıt:	
(3) How has the cance	r been treated (please check all that apply)?		
□ Surgery	☐ Radiation ☐ Chemotherapy ☐	Hormone Therapy	☐ Immunotherapy	☐ Observation Only
(4) What was the Grad	le of the cancer?			
□ I(1) □ I	II (2)	ner:		
(5) What was the Stag	e of the cancer?			
	$I(2)$ \square $III(3) \square IV(4) \square Oth$	ner:		
	C1			
(6) Does the proposed	insured take any medications at this time?	No 🗆	Yes:	
Name of Medication ((Prescription or Otherwise)	Dates used	Quantity Taken	Frequency Taken
(7) Has there been any	y evidence of recurrence?			
□ No □	Yes Details:			
(8) Does the proposed	insured have any other medical condition.	s? If yes, please descri	be:	

If at all possible, please obtain and fax to us the 1-2 page "pathology report". Your client may have this report handy. If not, it is normally possible for your client to get this report faxed free of charge. It will enable us to work with you prior to a formal application to determine if coverage is now available, at which insurance company, and for what likely premium. Thank you.