



# Diversified Marketing Group, Inc.

## ARTHRITIS QUESTIONNAIRE

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

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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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Underwriter's Notes:

Date: \_\_\_\_\_ Proposed Insured's Signature: \_\_\_\_\_