



Diversified Marketing Group, Inc.

HEPATITIS QUESTIONNAIRE

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: _____

Proposed Insured please answer the following:

1. What type of Hepatitis do you have?
2. When were you first diagnosed with the Hepatitis?
3. What were your first symptoms?

4. What tests have been done for the Hepatitis to be diagnosed?

5. What were the results of your last Liver Function Test?
6. When was the last liver biopsy done for Hepatitis?
Results: _____
7. Have you ever had any blood transfusions? No Yes, Date: _____
Details: _____
8. Is the Hepatitis due to drug or alcohol use? No Yes
(If yes, please complete the appropriate questionnaire(s).)
9. Have you ever lost time from work due to the Hepatitis? No Yes
Details: _____
10. Are you on any medication(s)? No Yes, Name(s) and dosage(s): _____

11. Date you last consulted your physician: _____
12. Name and address of your physician(s): _____

Underwriter's Notes:

Date: _____ Proposed Insured's Signature: _____