



**Diversified Marketing Group, Inc.**  
**PERIPHERAL VASCULAR DISEASE/NEUROPATHY 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. Have you been diagnosed with any of the following:
  - Peripheral vascular disease  Leriche's Syndrome
  - ASO (Arterio Sclerosis Obliterans)  Claudication
  - Aneurysm:  Abdominal  Vascular  Cerebral
  - Other disorder of the circulatory system
2. When were you diagnosed?
3. What were your first symptoms?
4. Please indicate dates and tests that have been completed to give you this diagnosis?
 

Date:	Test:
Results:	
Date:	Test:
Results:	
Date:	Test:
Results:	
Date:	Test:
Results:	
5. Have any of the following surgeries been suggested or done? Date:
  - Aorto Femoral Bypass (Leg vessels)
  - Endarterectomy (clean arteries)
  - Aneurysmotomy (repair of an aneurysm)
  - Other surgical prodedure, details: \_\_\_\_\_
6. What were the results of the surgery(ies)?
7. Do you have any other major health problems?  No  Yes, Details: \_\_\_\_\_
8. Are you on any medication(s)?  No  Yes, Name(s) and dosage(s): \_\_\_\_\_
9. Date you last consulted your physician: \_\_\_\_\_
10. Name and address of your physician(s): \_\_\_\_\_

Underwriter's Notes:

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