United
Underwriters
Incorporated
...your ultimate brokerage resource!

Down's Syndrome Questionnaire

Agent Name: ____________________________ Phone #:_____________________ E-mail:_________________________

Client Name: ____________________________ Date of Birth: _________________ Sex: ___Male / Female__ ______

Height: ___________ Weight: __________ State: ___________ Smoker: __Y / N__ Face Amount: __________________

Type of Insurance: ___ Universal Life ___ Whole Life ___ Survivorship ___ Term (# of years _______)

---

1. Has the proposed insured ever experienced any of the following symptoms? (Check all that apply.)

   ___ Heart disease or defect
   ___ Eye problems
   ___ Childhood leukemia
   ___ Digestive system problems
   ___ Alzheimer's disease
   ___ Other: ____

2. Is the proposed insured disabled as a result of this condition? ___ Yes ___ No

3. Is the proposed insured current taking any medication(s)? ___ Yes ___ No
   If yes, provide name, dosage and frequency of medication(s) ____
   ____
   ____

FAX TO 603-778-7918 or E-MAIL TO sdonovan@uuinc.com.

United Underwriters, Inc. PO Box 1103 Exeter, NH 03833 (p) 800-258-7296 uui@uuinc.com www.uuinc.com