PINNEY
INSURANCE CENTER, INC.

A LifeMark Partner

Providing all the tools for your success

COLITIS & CROHN'S DISEASE QUESTIONNAIRE

Agent: Phone: Fax:

Proposed Insured Name: _____ ❒ M ❒ F Date of Birth: _____
Face Amount: _____ Max. Premium: $_____/year ❒ UL ❒ WL ❒ Term ❒ Survivorship
Do you currently smoke cigarettes? ❒ Y ❒ N If no, did you ever smoke: ❒ Never ❒ Quit (Date): _____
Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): ❒ Y ❒ N
If Yes, please provide details: _____
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

(1) Date of first diagnosis: _____ ***Date of most recent episode:*** _____ ***Total Number. of episodes:*** _____

Number of episodes past six months: _____ ***Longest duration:*** _____ ***(days, weeks, months)***

Number of episodes past five years: _____ ***Longest duration:*** _____ ***(days, weeks, months)***

Would your Doctor characterize the condition as: ❒ Mild ❒ Moderate ❒ Severe

(2) What condition(s) have been diagnosed?

❒ Irritable Bowl Syndrome ❒ Frequent colon spasms ❒ Pancolitis ❒ Ulcerative Proctitis
❒ Mucous Colitis ❒ Spastic Colitis ❒ Catarrhal Colitis ❒ Ulcerative Proctosigmoiditis
❒ Chronic Proctitis (rectum) ❒ Chronic Ulcerative Colitis ❒ Crohn's Disease ❒ Other: _____

(3) What part of your GI tract is involved?_____

(4) Is the proposed insured taking any medications? If yes:

Name of Medication (Prescription or Otherwise)	Dates used	Quantity Taken	Frequency Taken

(5) Has the proposed insured ever been hospitalized for the condition? If yes, please provide date(s): _____

(6) Has surgery been recommended? If yes, when will the surgery be completed? _____

(7) Has surgery been done? If yes, please list dates and type of surgery(ies): _____

(8) Has the proposed insured ever been disabled because of the condition: If yes, dates: _____

(9) Does the proposed insured have any other medical conditions that may affect underwriting? If yes, please provide details:

_____

_____

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