

# Injury & Illness Insurance Quote Request



## Injury & Illness Insurance

Person Insured:	
First Name:	
Last Name:	
Date of Birth:	
Sex:	
Occupation:	

Insured Person's Medical/Insurance History:	
Have you had medical or surgical advice or treatment or been hospital confined during the past 5 years?	Yes* <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been declined accident, sickness or life insurance, or been issued such insurance which has been postponed, modified, rated up, cancelled or renewal refused?	Yes* <input type="checkbox"/> No <input type="checkbox"/>
Have you ever claimed for benefits under any accident or sickness insurance?	Yes* <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had abnormal blood pressure, ulcers, diabetes, tuberculosis, cancer, paralysis, arthritis or rheumatism, any disorders of the mental, respiratory, nervous, genitourinary, digestive, or circulatory systems, or of the back, spine, eyes or heart or any physical impairment or deformity?	Yes* <input type="checkbox"/> No <input type="checkbox"/>
Are you currently planning or considering having any treatment or Medical advice?	Yes* <input type="checkbox"/> No <input type="checkbox"/>

\*= please provide further details here.