

NATIONAL BROKERAGE AGENCY, 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: _____
Address: _____ 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): _____

This information is confidential return to NBA member only.

Date: _____ Proposed Insured's Signature: _____