



Melanoma / Skin Cancer Questionnaire

Agent Name: _____ Phone #: _____

Agent E-mail: _____

Client Name: _____ Date of Birth: _____

Sex: Male / Female Height: _____ Weight: _____ State: _____ Smoker: Yes / No

Face Amount: \$ _____ Type of Insurance: UL WL SUL Term (# of years _____)

1. When was the Melanoma/Skin Cancer diagnosed? _____

Location of tumor: _____

Thickness of tumor: _____ mm

Depth of tumor: _____

Clark level: _____

2. Any history of dysplastic nevus syndrome? Yes No

3. Did the proposed insured have surgery to remove the tumor? Yes No

If yes, when? _____

4. Did the proposed insured have any other treatment? Yes No

If yes, provide details: _____

5. Have all treatments been completed? Yes No

If yes, provide date of completion: _____

If no, please explain: _____

6. Any recurrence or more than one melanoma? Yes No

If yes, provide date(s): _____

7. Date of most recent follow-up? _____

8. Does the proposed insured have a family history of Melanoma/Skin Cancer? Yes No

If yes, provide details: _____

9. Name and address of physician or health facility that will have the most complete records:

FAX or E-MAIL to Donna Winterstine at 301-355-0429 / dwinterstine@bsibroker.com