



COVID-19 (Coronavirus) 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. Has the proposed insured ever been diagnosed with COVID-19 and/or had a positive test result? Yes No

2. What treatment was given? _____

3. What symptoms did the proposed insured have?

Fever: Yes No

Cough: Yes No

Shortness of breath / breathing difficulty: Yes No

Fatigue / tiredness: Yes No

Runny / Watery discharge from the nose: Yes No

Sore throat: Yes No

Loss of taste and/or smell: Yes No

4. Was the proposed insured hospitalized? Yes No

If yes:

a. Duration of hospitalization: _____

b. Was the proposed insured admitted to a hospital Intensive Care Unit? Yes No

c. Was the proposed insured put on a ventilator? Yes No

If yes, for how long? _____

d. Date of final discharge: _____

5. Is the proposed insured fully recovered? Yes No

If yes, date of recovery: _____

6. Does the proposed insured have any residuals? Yes No

If yes, please explain: _____

7. Was this a single occurrence of COVID-19, or re-occurrence? Single Re-occurrence

If re-occurrence, please list complete details: _____

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