



Hemophilia 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 proposed insured first diagnosed with hemophilia? _____

2. What type of hemophilia was diagnosed?

Hemophilia A

Hemophilia B

3. What classification of hemophilia has been diagnosed?

Mild Hemophilia: Clotting factor VIII or clotting factor IX level is 5% of normal or greater. Mild hemophilia might not be recognized unless there is excessive bleeding after a major injury or surgery.

Moderate hemophilia: Clotting factor VIII or clotting factor IX level is 1% to 5% of normal. Bleeding usually follows a fall, sprain or strain.

Severe hemophilia: Clotting factor VIII or clotting factor IX level is less than 1% or normal. Bleeding often happens one or more times a week for no apparent reason.

4. How is the proposed insured being treated for this condition? _____

5. Is the proposed insured currently taking any medication(s)? Yes No

If yes, provide name, dosage and frequency of medication(s) _____

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