

Cenco Insurance Marketing Corporation
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Questionnaire For: Cancer

Information gathered will be used in the evaluation of the insurability of the applicant. Offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance.

Agent's Name: _____ Phone #: _____
Proposed Insured: _____ Date of Birth: ___/___/___
Male () Female () Height _____ Weight _____ Smoker () Non Smoker ()
Amount of Coverage \$ _____ Product Type _____

1. Type of malignancy or cancer?
 Bladder Breast Cervical Color or Rectal (also complete question #7)
 Hodgkin's Disease Melanoma* (also complete question #8)
 Prostate (also complete question #9) Skin Other _____

*If melanoma or skin cancer, please detail:

Type _____ Location on body _____

2. Has tumor or malignancy metastasized? Yes No, please detail:
Date diagnosed: Month _____ Year _____

3. Stage of tumor or malignancy:
T ___ N ___ M ___ Or
 1 2 2A 2B 3 3A 3B 4 5
 Other _____

4. Types of treatment used (check all applicable):
 Surgical removal of malignancy
 Chemotherapy
 Radiation therapy
 Hormonal (orchidectomy – des. Lupron)
 Other _____

5. Date of last treatment received:
Month _____ Year _____

6. Has there been any medical evidence of recurrent cancer?
 Yes No If yes, please detail: Month _____ Year _____

7. Duke's Scale (for colon and rectal cancer only):
 A1 B1 B2 C1 C2 D

8. Clark's Level (for Melanoma only):
 I II III IV V Depth of Melanoma _____

9. (For prostate cancer only):
Stage: _____
T ___ N ___ M ___
Or A1 A2 B1 B2 C1 C2 D
Gleason's Grade: 2 or 3 4 or 5 6 or more
Results of most recent PSA test _____

10. Has a parent, brother or sister died prior to age 65, other than by accident? Yes No
If yes, please detail _____

11. Does the client exercise three or more times per week? Yes No
If yes, please detail _____

12. Client's occupation _____

13. Please list any other illnesses or impairments; along with any and all medications currently being taken, include the dosage and frequency of each:

