



**BROKERAGE GROUP
INTERNATIONAL, LLC**

Valve Replacement Questionnaire

Broker Name: _____ Date: _____

Phone: _____ Fax: _____

E-Mail: _____

Address/City/State/Zip: _____

CLIENT INFORMATION

Name: _____ M F

Date of Birth: _____ Height: _____ Weight: _____

Occupation: _____

Insurance Amount _____ Insurance Type: Term Universal Life Whole Life

Death Benefit: _____ Second to Die Variable

Have you ever used tobacco or nicotine products? Yes No

If yes, what type of product did you use? Cigarettes Cigar Pipe Other

VALVE REPLACEMENT INFORMATION

1. What valves were replaced and when? _____

2. Date of last echocardiogram: _____

3. Current medications: _____

4. Any other medical problems?

a. Yes No

b. If yes, give details or fill out questionnaire for that condition: _____

5. Additional Comments? _____

