



**WILLIAM PENN LIFE INSURANCE
COMPANY OF NEW YORK**
A Legal & General America Company
100 Quentin Roosevelt Boulevard
Garden City, New York 11530
(800) 346-4773

**Quick Quote for Coronary
Artery Disease (CAD)**

GA/Broker: _____

GA Case #: _____
(Assigned by GA)

Proposed Insured: ☐ Male ☐ Female Date of Birth _____

Family History:	Age if Living	Age at Death	Cause of Death
Mother	_____	_____	_____
Father	_____	_____	_____
Siblings	_____	_____	_____

Has client had any of the following?

Heart Attack(s) ☐ Yes ☐ No
Date(s): _____
Bypass Surgery(ies) ☐ Yes ☐ No
Date(s): _____ Number of vessels: _____
Angioplasty(ies) ☐ Yes ☐ No
Date(s): _____ Number of vessels: _____
List any other health problems:

Date of last EKG: _____ Results: ☐ Normal ☐ Abnormal

Has client had any other tests:

Thallium Stress Date _____ ☐ Normal ☐ Abnormal
Stress Echocardiogram Date _____ ☐ Normal ☐ Abnormal
Coronary Angiogram Date _____ ☐ Normal ☐ Abnormal

Has client been diagnosed with any of the following?

Elevated cholesterol ☐ Yes ☐ No
Diabetes ☐ Yes ☐ No
High blood pressure ☐ Yes ☐ No
Arrhythmia or other complication ☐ Yes ☐ No
Family history of heart disease or stroke ☐ Yes ☐ No

List all medications including aspirin and vitamins:

Has client ever used tobacco or nicotine-based products? ☐ Yes ☐ No
If yes, last date used _____

Does client have an exercise program? ☐ Yes ☐ No
If yes, describe: _____

RETURN TO YOUR GENERAL AGENCY FOR PROCESSING