

Skin Cancer Quote Request

Name _____ Sex M F Date of Birth _____

Height _____ Weight _____ Smoker? Y N State _____

Coverage Desired? _____ Amount _____ Plan Desired? _____

Have you ever been Rated or Declined for insurance? If YES Complete details please

What type of Skin Cancer was diagnosed? (Please Circle)
Basal Cell Carcinoma Squamous Cell Carcinoma Malignant Melanoma

When were you first told that you had Skin Cancer? _____

Where was the skin cancer located? _____

How was the cancer treated? (Please circle all that apply and give dates of treatment)

Surgery Chemotherapy Radiation Other

For Malignant Melanoma only, what Stage was the cancer? (Please Circle One)

Clark I/in situ Clark II/Breslow <.75mm Clark III/Breslow .75-1.5mm
Clark IV/Breslow 1.51-4.0mm Clark V/Breslow >4.0 mm

Has the cancer spread beyond the skin? Y N
If YES, Complete Details please _____

Are you on any Chemotherapy or Radiation Treatment now? Y N

When was the last date of Chemotherapy or Radiation Treatment? _____

Is there any evidence of recurrence? Y N
If YES, Complete Details please _____

Please list all medications being taken: _____

Do you have any other major health problems? (example: Coronary Artery Disease, etc)?

Please also submit a copy of the Pathology Report - We must have to quote properly.

Broker Submitting Questionnaire: _____

Address _____

Phone: _____ FAX: _____ E-mail: _____

Please send completed form:

Victorson Associates, Inc. PO Box 863 Smithtown, NY 11787
You may Fax to: (631) 265-7054 or E-mail to: vainc@victorson.com