



xrae™



Underwriting Guide

To Our Sales Partners

The **XRAE Underwriting Guide** (Xpress Risk Assessment Exchange) was developed to help simplify and expedite the underwriting process by providing a method for gathering the proper underwriting information “on the front-end” of the sales process. Consistent use of the **XRAE Underwriting Guide** will help eliminate most of the underwriting “surprises” that complicate, delay, and waste time during the underwriting process. The electronic version of this time saving tool is on our agency website (as well as being accessible on mobile devices such as Blackberry and iPhone) enabling you to transmit this information to our firm 24 hours-a-day, 365 days a year! If you call our office for a preliminary underwriting assessment, we will be asking you for the answers to the questions in this pamphlet!

We recommend that you always pre-screen your applicants by getting the answers to the “**General Risk Profile**” questions (page #1)... even if you think that the potential client is a preferred risk. If the questioning of the client uncovers one of the 12 general medical impairment categories or one of the 4 non-medical categories, go the “**Impairment Index**” page where you will find the risk appropriate questions to ask your client. Consistently following this prequalifying process will help you avoid taking an application for a carrier that might not provide the most favorable underwriting assessment for your client. By providing our firm with the risk appropriate underwriting information, we can quickly find the carrier that will be the “right fit” for your customers.

Save time, money, and frustration....make **XRAE** a part of your practice.

Impairment Index

PAGE

- »» 1. General Risk Profile
- »» 2. Cancer
- »» 3-4. Cardiac History/Coronary Artery Disease
 - a. Angina
 - b. Angioplasty/Bypass
 - c. Arrhythmia
 - d. Heart Attack (Myocardial Infarction)
 - e. Heart Murmur
- »» 5. Cerebrovascular Disease
 - a. Stroke or TIA
- »» 6. Diabetes
- »» 7. Gastrointestinal Disease
- »» 8. Hypertension
- »» 9. Liver Disorders
 - a. Elevated Liver Enzymes
 - b. Hepatitis C
- »» 10. Mental/Nervous Disorder
- »» 11. Neurological Disorders
 - a. Epilepsy
 - b. Multiple Sclerosis
 - c. Parkinson's Disease
- »» 12. Respiratory Disorders
 - a. Asthma
 - b. Emphysema
 - c. Sleep Apnea
- »» 13. Rheumatology
 - a. Lupus Erythematosus
 - b. Rheumatoid Arthritis
- »» 14. Substance Abuse
 - a. Alcohol Abuse
 - b. Drug Abuse

Non Medical Risks

- »» 15. Aviation
- »» 16. Hazardous Sports
 - a. Skin/Scuba Diving
 - b. Sky Diving
 - c. Racing Cars, Boats, or Motorcycles
- »» 17. Foreign Nationals

General Risk Profile

1. What is the desired face amount?
2. Type of coverage desired?
3. What is the client's date of birth?
4. What is the client's gender?
5. What is the client's height?
6. What is the client's weight?
7. Has the client EVER used any tobacco/nicotine products? If yes, type of usage (cigars, pipe, chew, nicotine patch). If stopped, date tobacco/nicotine usage was discontinued.
8. Have any of their family members had an OCCURRENCE of the following conditions: cardiovascular disease (heart attack), cerebrovascular disease (stroke), diabetes, or cancer? If so, please provide details (date(s), severity, type of treatment, current medications, number of vessels, etc.).
9. Any treatment for cholesterol? (get total cholesterol & cholesterol ratio; type-frequency-amount of any medications)
10. Current blood pressure (i.e. 120/80, type, frequency, and amount of any medications, if any)
11. Has the client EVER been convicted of a DWI, DUI, reckless driving, moving violation, license revocation or suspension? (List all dates)
12. Has the client EVER participated in any hazardous avocations? (Aviation, Climbing or Mountaineering, Gliding, Motor Sport, Parachuting, Scuba Diving, etc.) Get details.
13. Does the client plan on traveling outside the USA or Canada?
14. Has the client ever had or been treated for any other medical conditions? (If yes, get dates, type of condition, treatments, severity, any medications or follow-up treatments)
15. List any other important information or considerations that would be relevant to having this case underwritten.

Cancer

A pathological condition characterized by cellular growths that are invasive and tend to metastasize (transfer to parts of the body not directly related).

1. Type of cancer? Location?
2. When was cancer first diagnosed?
3. Details as to tumor size, grade, and stage?
4. If pathology report available - fax for a firm quote.
5. Did cancer metastasize or was it found in lymph nodes? Where?
6. Treatment and dates - surgery, chemotherapy, radiation?
7. Any reoccurrence?
8. Date of last follow-up visit to your physician?
9. Complete General Risk Profile (page #1).

XRAE INSIGHTS

Severe cases will generally not be considered for 1 to 4 years, whereas mild cases (such as an early stage of prostate cancer) can be considered when treatment has been completed. We can aggressively pursue the best rate for your client with a pathology report.

Cardiac History/ Coronary Artery Disease

Angina

1. When was it first diagnosed and have the symptoms remained stable? Date of last episode? Frequency?
2. Current Medications?
3. History of other cardiac problems?
4. Involved in any form of cardiac rehabilitation or undergone any lifestyle changes?
5. Complete General Risk Profile (page #1).

Angioplasty/Bypass

1. When and how many angioplasties or bypasses were done?
2. Did a heart attack occur prior to angioplasty/bypass?
3. Experienced chest pain since the procedure(s)?
4. Cardiac tests (ECG, treadmill, stress-echo treadmill) since procedure? Current medications?
5. Any type of cardiac rehabilitation or lifestyle changes?
6. Complete General Risk Profile (page #1).

Arrhythmia

1. Type of rhythm condition (Atrial Fibrillation, Tachycardia, PVC's, Palpitations).
2. Current medications?
3. Dates and cause given for occurrences, treatment?
4. Ever cardioconverted (electric shock to correct heartbeat)?
5. Does client have pacemaker? Date inserted and date if replaced?
6. Complete General Risk Profile (page #1).

Cardiac History/ Coronary Artery Disease

(Continued from page 3)

Heart Attack (Myocardial Infarction)

1. Date of attack? If more than 1, give dates of all attacks.
2. How was it treated? Amount of time before return to work?
3. Chest pain or symptoms since the heart attack?
4. Current medications and follow-up cardiac tests (EKGs).
5. Complete General Risk Profile (page #1).

Heart Murmur

1. Type of murmur? (Aortic Stenosis, Aortic Regurgitation, Aortic Insufficiency, Mitral Insufficiency, Pulmonic Stenosis, Flow Murmur, Innocent Murmur).
2. When was the condition diagnosed?
3. Special testing done (echocardiogram, EKG, X-ray)?
4. Describe treatment? History of Rheumatic Fever?
5. Current symptoms or restrictions on activities?
6. Complete General Risk Profile (page #1).

Cerebrovascular Disease

Impairment of the brain or spinal cord resulting from a blood vessel disorder. Includes CVAs (cerebrovascular accident or stroke) and TIAs (transient ischemic attack). CVA is interruption of the blood flow to the brain from abnormalities of occlusion, clogging of vessels, or spasms for a period of more than 24 hours, whereas a TIA is a relatively short interruption of the arterial blood supply to a portion of the brain.

Stroke (CVA) & TIA

1. Type (CVA or TIA), date(s), and number(s) of episodes.
2. What tests were performed? Medications taken?
3. Parts of the body affected?
4. Any residual side effects or impairments?
5. Complicating factors (CAD, diabetes, hypertension)?
6. Complete General Risk Profile (page #1).

XRAE INSIGHTS

With full recovery and no residual effects, these cases will typically have a low Table Rating for several years.

Diabetes

A chronic disease occurring when the pancreas secretes insufficient quantities of insulin. The body's ability to use carbohydrates and break down fats is reduced. Sugars build up in the blood and urine.

1. Client's age at the onset of the disease?
2. Type of treatment: diet? Oral medications? Insulin?
3. If taking insulin, what is the daily dosage? Amount and frequency (# of units).
4. If oral medication, type and daily dosage?
5. Does client test his blood regularly? Frequency and results?
6. Are there related problems with circulation, eyes, heart, high blood pressure, infections, or kidneys?
7. Is the condition under good control? Ever diabetic coma?
8. Most recent fasting glucose or glycohemoglobin A1C reading?
9. Complete General Risk Profile (page #1).

XRAE INSIGHTS

Type I diabetics (insulin dependent) will be priced (Table Rated) based upon the age of onset, control, and level of treatment. Type II diabetics (oral or diet controlled), adult onset with good control are generally standard risks. Have your client's paramed test done in the morning for best results.

Gastrointestinal Disease

Ulcers are an irritation of the wall of the stomach (peptic), the esophagus (esophageal), or the bowel (duodenal). Ulcerative Colitis is an inflammation of the mucosal layer of the wall of the large bowel. Crohn's Disease is an inflammation which can affect any portion of the gastrointestinal tract - can be chronic or single attack.

1. When was the disease diagnosed?
2. Duration and severity of last attack?
3. Medications being taken? Any surgery undertaken?
4. Date of last significant "flare-up" - hospitalization required?
5. Complications outside intestinal track from Crohn's Disease?
6. Complete General Risk Profile (page #1).

XRAE INSIGHTS

Most of these conditions should result in standard offers if treatment has been effective. Crohn's Disease can be rated depending on the severity of the disease.

Hypertension

1. Current blood pressure readings?
2. Medication (type, amount, frequency) - length of time on medication.
3. Previous high readings and dates of high readings.
4. Has proposed insured ever had chest pains? Date(s).
5. Had an EKG or stress test done since being diagnosed?
6. Complete General Risk Profile (page #1).

XRAE INSIGHTS

Well controlled blood pressure for one year or more with treatment and no other complications can be considered preferred risks. Drinking lots of water and taking BP medication two hours before the exam will lead to better test results. Have your client lie down when the test is being administered.

Liver Disorders

The cells of the liver may be injured by exposure to viruses, drugs, alcohol, and toxins. When the cells are injured, abnormal concentrations of certain enzymes may occur.

Elevated Liver Enzymes

1. Date when the abnormal enzymes were discovered?
2. Type of evaluation (work up) done to identify the cause of the abnormal liver enzymes?
3. What medications are currently being taken?
4. Amount of alcohol consumed on a daily basis?
5. Complete General Risk Profile (page #1).

Hepatitis C

1. Date client diagnosed with Hepatitis C?
2. Has a liver biopsy been done? If yes, when and where?
3. Has client been treated for this condition?
4. Are the client's liver enzymes stable, increasing or decreasing?
5. Names and amounts of current medications?
6. Amount of alcohol consumed on a daily basis?
7. Complete General Risk Profile (page #1).

Mental/Nervous Disorders

1. What type of problem was your client diagnosed with or suspected of having: (depression, manic-depression, schizophrenia, paranoia, alzheimers).
2. Has their condition caused client to miss work?
3. Stage of disease? (mild, moderate, severe).
4. Did client have home care or was he/she institutionalized? Dates and details of treatment?
5. Has client ever attempted or contemplated suicide? Details.
6. Complete General Risk Profile (page #1).

XRAE INSIGHTS

Mild depression that has been treated and is under control typically results in standard (and sometimes better) offers. Underwriters are always looking to see if condition has interfered with normal living activities.

Neurological Disorders

Epilepsy

1. Date client first diagnosed with a seizure disorder?
2. What type of seizure disorder: Grand Mal (severe seizures involving spasms and loss of consciousness) or Petit Mal (frequent but transient lapses of consciousness; spasms only rarely).
3. Dates of first and most recent attacks? How many attacks per year?
4. What type of treatment has the client received?
5. Medication: type and dosage.
6. Occupation? Can client drive a car?
7. Complete General Risk Profile (page #1).

Multiple Sclerosis

1. When was the condition diagnosed?
2. What are the primary symptoms?
3. Dates of first and most recent attacks? How many attacks per year?
4. What type of treatment has the client received?
5. Medication: type and dosage.
6. Complete General Risk Profile (page #1).

Parkinson's Disease

1. Date of diagnosis and nature and degree of symptoms (Primary - stiffness, tremor, slowness of movement, difficulty with balance and walking; Secondary - depression, senility, or difficulty speaking).
2. Current medications and pattern of deterioration?
3. Complete General Risk Profile (page #1)

Respiratory Disorders

Asthma

1. Date condition diagnosed and what caused it?
2. Number of attacks per year - date, duration, and severity of last attack? Is the condition seasonal?
3. Any special testing done?
4. Details of treatment - emergency room visits, medications (type and dosage), ever taken Cortisone Prednisone?
5. Current condition; any work time lost due to condition?
6. Complete the General Risk Profile (page #1).

Emphysema

1. Date condition diagnosed; number of attacks per year; duration and severity.
2. Special testing done (chest X-ray, pulmonary function test).
3. Details of treatment (home oxygen used, medications).
4. Any work time lost or occupational relationship to condition?
5. Complete General Risk Profile (page #1).

Sleep Apnea

1. Date condition diagnosed? Any accidents?
2. Sleep studies been done (where)? Condition being treated?
3. Overweight, blood pressure problems (past or present)?
4. Is CPAP (Continuous Positive Airway Pressure) mask used?
5. Is condition affecting client's work?
6. Has client been hospitalized?
7. Complete General Risk Profile (page #1).

Rheumatology

Diseases characterized by inflammation and pain in the muscles and joints. Lupus Erythematosis is a degenerative disease of collagenous tissues (cartilage, joints) with symptoms that can include skin rashes, oral ulcers, abnormal blood, kidney and brain conditions. Rheumatoid Arthritis is the most common form of arthritis and affects large and small joints marked by inflammation, degeneration and metabolic derangement of connective tissue.

Lupus Erythematosis

1. Date disease diagnosed and severity (mild, moderate, severe).
2. Any anemia, protein in the urine, kidney involvement, or Central Nervous System?
3. Date treatment started and current treatment; medications, dates, and dosages.
4. Current symptoms, lifestyle normal, and disability?
5. Complete General Risk Profile (page #1).

Rheumatoid Arthritis

1. When was the disease diagnosed, and which joints are affected?
2. Severity (mild, moderate, severe) and medications.
3. Present symptoms, lifestyle normal, any disability?
4. Complete General Risk Profile (page #1).

Substance Abuse

Alcohol Abuse

1. How long since the client stopped drinking? Any relapses? Date of last drink?
2. Detail alcohol related traffic violations or legal problems.
3. Is client currently a member of support group like AA, etc.?
4. Dates of any formal inpatient or outpatient treatment?
5. Is client taking Antabuse? Details.
6. Has Blood Profile been done within last 12 months (checks for liver function tests)?
7. Client treated for drug problems?
8. Any residual damage (liver damage or memory loss)?
9. Complete General Risk Profile (page #1).

Drug Abuse

1. What type of drug(s) did the client use? Amount and frequency?
2. How long since the client stopped using drugs? Any relapses?
3. Has client participated in a rehabilitation program? Was it Inpatient or Outpatient? Dates?
4. Is client a member of a support group (NA, CA, AA, others)?
5. Ever been treated for alcohol related problems?
6. Complete General Risk Profile (page #1).

Aviation

1. Number of total hours flown? Number of solo hours?
2. Number of hours flown in past 12 months?
3. Number of hours expected to fly in the next 12 months?
4. Does the client have an instrument rating?
5. Number of hours flying for business?
6. Is client an instructor?
7. Type of aircraft flown and number of engines?
8. Complete General Risk Profile (page #1).

XRAE INSIGHTS

Top rates are available for commercial pilots. Private pilots with 300 hours experience, flying 50 to 150 hours per year, and instrument rated can be considered preferred risks.

Hazardous Sports

Skin/Scuba Diving

1. Usual depth of dives?
2. Date and depth of deepest dive? How often at that depth?
3. Number of dives in last 12 months? Number of dives expected in the next 12 months?
4. Any special certifications?
5. Does client ever do any cave diving?
6. Complete General Risk Profile (page #1).

Sky Diving

1. What is the maximum altitude for the dives?
2. Number of jumps in the last 12 months? Number of jumps expected in next 12 months?
3. Any special certifications?
4. Is client considered an amateur who jumps with a club or does client do any jumps considered experimental?
5. Complete General Risk Profile (page #1).

Racing Cars, Boats, or Motorcycles

1. What is the maximum speed which your client reaches during races?
2. If racing, what type of vehicle? What type of event?
3. Classification of vehicle and type of track?
4. If motocross, size of bike (# of cc).
5. Are races sanctioned by any association?
6. How many races in past 12 months? How many expected in the next 12 months?
7. Complete General Risk Profile (page #1).

Foreign Nationals

1. Client's nationality and citizenship?
2. Current country of residence?
3. What is client's occupation? Does it involve the military or political position?
4. Does the client have a green card?
5. If purposed insured travels to the USA, indicate frequency, length of stay, reason, and type of visa. Does the client have a physical address in the USA?
6. List all the client's ties in the USA (family and/or business investments). If business investments, indicate type (real estate, stocks/bonds, bank accounts, etc.).
7. Can application and medical exam be completed in the USA?
8. Complete the General Risk Profile (page #1).

XRAE INSIGHTS

Political conditions of various countries determine the degree of risk. You can check the State Department's travel warnings at: http://travel.state.gov/travel_warnings.html



721 Happy Street • Smilie, AZ 89456
(478) 685-7243 • Fax (478) 685-7258
www.beegeeaye.com

