



QUOTING GUIDE

Common medical conditions and non-medical risks

Protective refers to Protective Life Insurance Company and Protective Life and Annuity Insurance Company.
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This guide is designed to assist you in obtaining a preliminary quote prior to submission of an application. It includes a list of common medical conditions and common non-medical risks. Each medical condition and risk includes a brief definition and a set of questions to ask your client to help you obtain the essential details required for a preliminary quote.

For your convenience, preliminary quoting requests can be submitted directly to the Allstate Quick Quote email at Allstate. QuickQuote@protective.com.



When you click on the conditions on the following pages an email form will open up to help make contacting Underwriting even easier.

XRAE®

XRAE is a field underwriting tool that's designed to help you quickly evaluate customers' medical conditions against our underwriting rules. For customers with more complex medical histories, XRAE will also indicate to submit it as a Quick Quote to our underwriting team. It's a great way to get a quick evaluation and help set realistic expectations with customers.

Some general quoting advice:

If underwriting provides a range of possible outcomes for a particular condition (i.e., table 2 to 4 for history of diabetes), consider quoting at the high end of the range. This will offset the possibility that the applicant may not meet the best case scenario after review of the formal underwriting requirements. We extend this same advice when quoting individuals who may not have any significant medical conditions. For example, rather than quoting the best class of Select Preferred, quote Preferred or even Standard rates. If there happens to be an unexpected finding on the lab results (i.e., elevated cholesterol or liver enzymes), the more conservative quote may help you deliver the policy.

Medical condition	Details for quote
<u>Alcohol abuse:</u> Alcohol use disorders include alcohol abuse and alcohol dependence (alcoholism). Associated with adverse impact to health as well as social, occupational and legal concerns.	• Date of last drink? • Reason for stopping? • Inpatient or outpatient treatment? • Member of AA? • Motor vehicle violations or accidents in the past 5 years? • Currently taking any medications?
<u>Asthma:</u> Lung disease characterized by reversible airway obstruction and hypersensitivity. Typical symptoms are wheezing, coughing and shortness of breath.	• Date and age of diagnosis? • Frequency of attacks? • Date of last attack? • Any ER visits or hospitalizations? • Currently taking any medications? • Current tobacco user or former user? If former, when did they quit?
<u>Arthritis:</u> Inflammatory disease of the joints. Certain types are systemic (can cause problems in other organs).	• What type (Rheumatoid, Osteo, Psoriatic, etc.)? • Do they have any limitations? • How many joints are involved? • Type of medication/treatment? • Any history of surgery, or any surgery planned?
<u>Atrial fibrillation (AF):</u> An irregular heart rhythm where the atria contract chaotically and a totally irregular ventricular rhythm. It can occur either paroxysmal (sudden, periodic attacks), or be chronic.	• Age of onset? • Is it chronic or paroxysmal (intermittent)? • If paroxysmal, what's the frequency of episodes? • Date of last episode? • Type of treatment? • Are they on any type of blood thinner? • Have any of the following tests been completed since the onset of AF — Echocardiogram, stress imaging, cardiac catheterization? If so, what were the results?

Medical condition	Details for quote
<u>Build:</u> A person's height and weight. This can also be expressed as BMI (body mass index). Concerns related to being overweight include increased risk for developing high blood pressure, diabetes, coronary disease and sleep apnea. Being underweight can also be a concern.	• Current height and weight? • Amount of weight lost in the past year? • Reason for weight loss? • Ever had gastric bypass surgery? • Any other medical conditions?
<u>Cancer:</u> Cancer and malignancy are interchangeable terms to describe a condition of invasive cellular growth with potential to metastasize (spread to other parts of body). Can occur in many parts of the body but common forms are breast, colon and prostate cancer.	• Type and location of cancer? • Date of diagnosis? • Pathology results (tumor size, stage and grade) if available? • Did cancer metastasize/spread? If yes, to where? • Type of treatment (surgery, chemotherapy or radiation)? When did treatment end? • Any recurrence of cancer? • Date of most recent cancer follow-up? • For prostate cancer, please provide PSA levels at time of diagnosis and after treatment completed.
<u>Coronary artery disease (CAD):</u> Blockage of blood flow in the arteries that supply blood to the heart. This can result in angina (chest pain) or myocardial infarction (heart attack) that may require surgical intervention.	• Date of diagnosis? • Bypass surgery or angioplasty (with or without heart stent)? • Number of arteries affected? • Any symptoms after surgery? • Most recent blood pressure and cholesterol levels? • Date of most recent cardiology follow-up? • Currently taking any medications? • Current or prior history of smoking?
<u>COPD/emphysema:</u> Chronic Obstructive Pulmonary Disease (COPD) is a term used to describe a variety of lung diseases that cause chronic or frequent airway obstruction. Chronic bronchitis and emphysema are two of the most common forms of COPD.	• Type and frequency of symptoms • Smoker or Nonsmoker? If former smoker, when did they quit? • History of hospitalization? If yes, provide date(s). • Results of most recent pulmonary function testing (PFTs). • Type of treatment?
<u>COVID-19:</u> Disease caused by the newly emerged coronavirus SARS-CoV-2. Impact of disease can be wide ranging. Some people may be asymptomatic, some have flu-like illness and a small percentage have life threatening complications.	• Known contact with person who is COVID-19 positive in the past month? • Tested positive for COVID-19? If yes, provide date of positive test. • Full recovery and return to normal activities? • Hospitalization required? Date released from hospital? • Any ongoing symptoms? If yes, please describe.

Medical condition	Details for quote
<u>Depression/anxiety:</u> Depression includes conditions like adjustment disorder, bipolar disorder and major depression while anxiety include conditions like panic attack, agoraphobia and OCD (obsessive-compulsive disorder).	• Exact diagnosis and date? • Cause of depression or anxiety? • Dates of any hospitalization? • Dates of any suicide attempts? • Any time lost from work? • Type of treatment, current medications??
<u>Developmental disability:</u> An impairment of physical, learning, language or behavior that begins during a child's developmental period that may impact day to day functioning and usually lasts throughout adulthood.	• Type of condition • Level of intellectual functioning (IQ)? • Any history of seizures? If yes, provide type, frequency and date of last seizure. • Any other medical history (psychiatric/mental disorder, behavioral disorder, heart disorder, etc.)? • Academic grade level proposed insured functions at? • If juvenile, is there a formal IEP? • Fully mobile without aids? • Able to live independently? • Currently taking any medications? • Any restrictions on work or activities?
<u>Diabetes:</u> A chronic metabolic disorder related to a deficiency in insulin secretion which results in elevated glucose levels. Type 1, also known as insulin dependent or early onset diabetes, is typically associated with more complications than type 2 which is usually diagnosed in adulthood. Complications of diabetes include cardiovascular and kidney disease.	• Date of diagnosis? • Type of diabetes? • Most recent hemoglobin A1C reading and date? • Any complications? • Height and weight? • Currently taking any medications?
<u>Drug abuse:</u> Drug abuse, addiction or dependency can occur with illegal drugs or prescription drugs and is associated with adverse impact to health as well as social, occupational and legal concerns.	• Type of drugs used? (Include all drugs) • Frequency of use? • Date of last use? • Reason for stopping? • Inpatient or outpatient treatment? • Member of support group? • Currently taking any medications?

Medical condition	Details for quote
<u>Hepatitis:</u> Inflammation of the liver that results from a variety of causes, both infectious and non-infectious.	• Type of hepatitis • Date diagnosed • Ever treated? If yes, type of treatment and completion date. • Now considered cured? If yes, date. • History of liver biopsy? If yes, provide date and results (normal/fibrosis/cirrhosis/other). • Are current liver function tests normal? • Any history of drug or alcohol misuse? If yes, provide details.
<u>Multiple sclerosis (MS):</u> A disorder of the nervous system characterized by the degeneration of the myelin sheath that line the outside of the nerves. The course of disease is highly variable.	• Date of diagnosis? • Frequency of exacerbations/symptoms? • Description of symptoms during attacks? • Do symptoms completely resolve between attacks? • Date of last attack? • Type of treatment/medication? • Any disability/limitations?
<u>Pacemaker:</u> A device consisting of implantable electrodes that helps to control abnormal heart rhythms.	• Date pacemaker was originally implanted? • Reason for the pacemaker? • Any medications taken? • Any residual symptoms or limitations? • Any other underlying disease?
<u>Seizures/Epilepsy:</u> Abnormal electrical discharges related to structural or functional disorder in part of the brain. Seizure types can range from convulsions to loss of consciousness to staring spells.	• Type of seizure (grand mal, petit mal, other)? • Date of diagnosis? • Number of attacks per year? • Traffic violations or accidents? • Currently taking any medications?
<u>Sickle cell anemia:</u> A severe hereditary form of anemia in which a mutated form of hemoglobin distorts the red blood cells into a "sickle" shape at low oxygen levels.	• Current tobacco user or former user? If former, when did they quit? • Type of Sickle Cell Disease? • Date and duration of last attack or crisis? • Number of attacks/crises per year? • Dates of hospitalizations (if any) • Any organ or infection complications? • Symptoms • History of stem cell or bone marrow transplant? If yes, what was the date of final treatment? • Any restrictions on work or activities? • Currently taking any medications? If so, what is the dosage? • Any other medical conditions or history?

Medical condition	Details for quote
<u>Sleep apnea:</u> Sleep disorder characterized by cessation of breathing for at least 10 seconds. Usually caused by upper airway obstruction, known as obstructive sleep apnea. If not properly treated, can lead to complications that include hypertension, risk of accidents due to daytime sleepiness and heart arrhythmias.	• Date of diagnosis? • Date of most recent sleep study? • Type of treatment? • If using CPAP or BIPAP machine, how many nights per week? • Height and weight? • Any motor vehicle accidents?
<u>Stroke/TIA:</u> Causes damage to the brain when blood supply is interrupted. Symptoms from stroke last 24 hours or longer and may include weakness on one side of body and trouble talking, eating or walking. A TIA (transient ischemic attack) is a brief interruption in blood supply with symptoms lasting 24 hours or less.	• Stroke or TIA? • Date of episode? • Underlying cause if known? • Any long-term symptoms or limitations in daily activities? • Current or prior tobacco use? • Currently taking any medications?
<u>Systemic lupus erythematosus (SLE):</u> A chronic inflammatory disease of the connective tissue. It can affect any part of the body including the vital organs.	• Date of diagnosis? • Type of treatment/medication? • Any limitations? • Any complications/organ involvement?
<u>Ulcerative colitis/Crohn's disease:</u> These are also known as inflammatory bowel disorders. Ulcerative colitis is limited to the large bowel (lower GI tract) while Crohn's disease can affect any portion of the GI tract. Complications can include bowel obstruction (Crohn's) and increased risk of intestinal cancer (both Ulcerative Colitis and Crohn's).	• Date of diagnosis? • Frequency of attacks? • Date of last attack? • Hospitalization or surgery? • History of anemia? • Currently taking any medications?
<u>Other medical conditions:</u> Use this for any medical condition not found above.	• Name of condition? • Date of diagnosis? • Any surgery or treatment required? • Currently taking any medications?

Review the common non-medical risks below with your client. If any do apply to your client, make sure to get their responses to answer the questions in the right column.

Non-medical risk	Details for quote
Aviation	• Type of license? • Total solo hours? • Annual flying hours? • Type of aircraft? • Instrument flight rating? • Date of last flight? • If commercial pilot, airline or non-airline? • If non-airline, specific type of flying (charter, air ambulance, crop spraying, etc)? • Motor vehicle violations in past 5 years?
Bankruptcy	• Refer to Bankruptcy section of the Underwriting guide which covers chapter 7, 11 and 13 bankruptcies.
Criminal history	• Specific conviction(s), date(s) • Felony/Misdemeanor? • Any incarceration? If yes, provide date of release. • Probation/Parole? If yes, provide date of full release. Any pending charges? • Any alcohol or drug use history? • Any driving violations? If yes, provide details.
Driving record	• Violations and accidents in past 5 years, including dates? • Suspensions or revocations, including dates? • If DUI or DWI, any history of treatment for drug or alcohol abuse?
Foreign national	• Refer to Foreign Travel & Foreign National Guidelines in Underwriting guide (if not a green card holder, must have type of visa listed in the guidelines and citizenship in one of the countries listed in the guidelines).
Foreign travel	• Dates and duration of travel? • Destinations (include all)? • Reason for travel?
Marijuana/Cannabis use	• Type of marijuana/cannabis? • Frequency of use? • Date last used? • Reason used?

Non-medical risk	Details for quote
Motor vehicle racing	• Type of racing? • Type of vehicle? • Engine size and fuel type? • Average and top speed? • Frequency of racing? • Name of sanctioning organization? • Date of last race?
Mountain climbing	• Is safety gear used on all climbs? • YDS (Yosemite Decimal System) level? • Maximum altitude? • Climbing locations? • Date of last climb?
Scuba diving (recreational)	• Completed formal training? • Always dive with a partner? • Maximum depth? • Diving locations? • Date of last dive?
Other non-medical risk	• Type of risk? • Details?

Uninsurable risks

In addition to the medical conditions and non-medical risks covered in this guide, these medical conditions and non-medical risks are generally considered uninsurable and are included in the [Underwriting guide](#).

Medical

- Drug abuse treatment in the past 3 years
- Diabetes diagnosed prior to age 5
- Any heart condition that requires a cardiac defibrillator
- Suicide attempt in the past 2 years
- Alzheimer's disease/Dementia
- Stroke/CVA (cerebrovascular accident) in the past 6 months
- Multiple strokes/CVA
- COPD/emphysema with continued smoking or requires oxygen therapy
- Kidney dialysis

Non-medical

- Felony, probation or parole in the past 5 years



For your convenience, preliminary quoting requests can be submitted directly to the Allstate Quick Quote e-mail at Allstate.QuickQuote@protective.com.



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