

Life Insurance Quote Request

Agent Information

Agent Name: _____ Date: _____
 Phone: (_____) _____ Contact Person: _____
 E-mail: _____ Date of Appointment: _____
 Signing State: _____

Client Information (use Additional Notes section to add more details)

General

Client Name: _____
 Gender: _____ Date of Birth: _____
 Rating Class: _____

Quote Information (use Additional Notes section to add more details)

Term Life ART 10 15 20 25 30 ROP
 Universal Life Survivorship Universal Life Whole Life Indexed Universal Life

Face amount(s): \$ _____

Solve for: No-Lapse Guarantee Endowment Cash Value at Age _____ \$ _____ _____

Premium: \$ _____ Mode: Annually Semi-Annually Quarterly Monthly (PAC)

Additional 1st Year Premium: _____ Is the premium from a 1035 rollover? Yes No

Premium Payment Period: Lifetime Shortened _____ years

Withdrawals/Loans: Beginning Age _____ for _____ years Leaving \$ _____ cash at maturity

Riders: Waiver of Premium Accidental Death Amount \$ _____
 Child Term Rider \$ _____ (age of youngest child _____)
 Spouse Term Rider \$ _____

Additional Notes: _____

See Health Questions on the following pages

Name *

Sex *

Male Female

Phone *

Email *

Resident City and State

Zip Code

Occupation

Currently Employed

Yes No

Date of Birth

Height

Weight

Any weight change in the last year?

Yes No

Amount of weight change

Are you a tobacco user? Quit? Type

Yes No Yes No

Amount Month/Year Quit

If you are a current tobacco use, what is the last time and what type and amount do you normally consume?

Marijuana Use

Do you currently use Marijuana?

Yes No

If yes, please list frequency, daily, weekly, monthly?

Have you ever been treated for or been told you had: (Please check all conditions that apply, the year they were diagnosed and any helpful details like stage and grade of cancer or A1c if diabetic, mild, moderate or severe sleep apnea, etc)

- 1) Convulsions, epilepsy, paralysis, mental or nervous disorder?
- 2) Chest pain, high blood pressure, heart murmur, heart attack, stroke, cholesterol, or disorder of the heart or circulatory system?
- 3) Asthma, emphysema, bronchitis, tuberculosis, sleep apnea, or chronic respiratory disease?
- 4) Jaundice, intestinal bleeding, ulcer, chronic colitis, diverticulitis, or other liver or gastro-intestinal disorder?
- 5) Complicated pregnancy, hysterectomy, disorder of the breast or female organs?
- 6) Disease of the kidney, bladder, prostate, sugar or protein in the urine?
- 7) Loss of vision, amputation, deformity, arthritis, or any disorder of the muscles, bones or joints?
- 8) Cancer, tumor, diabetes (will need current A1C reading), or glandular disorder?
- 9) Treated for drug addiction, alcoholism, or been a member of AA?

Additional Comments: