



## **Quote Assessment Form**

Welcome!

Thank you for considering our life insurance services. This form will help us understand your needs and provide you with the best possible coverage options. Please take a few moments to fill out the following details. Your information will remain confidential and secure.

### **Section 1: Personal Information**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Gender:**

Male \_\_\_\_\_

Female \_\_\_\_\_

**Contact Information:**

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Full Address: \_\_\_\_\_

## **Section 2: Health Information**

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

**Do you smoke or use tobacco products?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**Do you have any pre-existing medical conditions?**

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

**Are you currently taking any medications?**

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, please list them: \_\_\_\_\_

**Do you have a family history of any hereditary diseases?**

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, please  
specify: \_\_\_\_\_

\_\_\_\_\_

### **Section 3: Lifestyle Information**

**Occupation:** \_\_\_\_\_

**Do you currently participate in any high-risk activities/hobbies**

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, please  
specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you travel frequently for work or leisure?**

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, please specify destinations and  
frequency: \_\_\_\_\_

## Section 4: Coverage Needs

**What is your primary reason for purchasing life insurance?**

Mortgage Protection \_\_\_\_\_

Income replacement for family \_\_\_\_\_

Get out of Debt \_\_\_\_\_

Education funding for children \_\_\_\_\_

Estate planning \_\_\_\_\_

Other (please specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Desired Coverage Amount:** \_\_\_\_\_

**Preferred Policy Type:**

Term Life Insurance \_\_\_\_\_

Whole Life Insurance \_\_\_\_\_

Universal Life Insurance \_\_\_\_\_

Unsure (I need guidance) \_\_\_\_\_

**Preferred Policy Term (Example: Mortgage Term):**

10 years \_\_\_\_\_

20 years \_\_\_\_\_

30 years \_\_\_\_\_

Other (please specify): \_\_\_\_\_

### **Section 5: Additional Information**

**Do you currently have any life insurance policies?**

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, please provide  
details: \_\_\_\_\_  
\_\_\_\_\_

**Do you have any specific concerns or questions about life insurance?**

(Open-ended  
response) \_\_\_\_\_  
\_\_\_\_\_

### **Section 6: Declaration**

I confirm that the information provided in the Quote Assessment Form (Sections 1-6) is accurate to the best of my knowledge. I understand that this information will be used to provide me with a life insurance quote and will be contacted by an independent insurance agent about coverage options.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_