Crawford Benefits

Individual Life Proposal Request
Email or Fax Completed Form
info@michellecrawfordbenefits.com
Fax: 706-568-9979

Client Information:
Client Name: _____ Date of Birth: _____
☐ Male ☐ Female
Height: _____ Weight: _____ lbs.
Nicotine Use
Nicotine Use ☐ Yes ☐ No ☐ Quit When _____
Form: ☐ Cigarettes ☐ Cigars ☐ Chewing Tobacco ☐ Other _____
Rate Class Desired ☐ Best Rate ☐ Preferred ☐ Standard ☐ Rated _____
Occupation & Duties: _____ Annual Income: _____

Plan of Insurance:
☐ Term Years ☐ ROP Term Years ☐ Universal Life ☐ Indexed Universal Life ☐ Whole Life

Amount of Insurance: _____
Riders: ☐ Waiver of Premium ☐ Child Rider ☐ Accidental Death Benefits: _____
☐ Long Term Care ☐ Critical Illness
Number of Years:(If Term) _____ Desired Monthly Budget: _____

Medical History:
Has the Client Been Treated for Any of The Following?
☐ Alcohol/Drugs ☐ Cancer ☐ Diabetes ☐ Hypertension ☐ Depression
☐ Lung Disorders ☐ Sleep Apnea ☐ Other _____
General Health Details:
_____
Treatments (Within the Last 5 Years)
_____
Medication(s) (Name & Dosage)
_____
Family History: (Parents & Siblings) Deceased of Heart Disease Prior To Age 60
☐ Yes ☐ No If Yes, Details: _____
Driving History: In the Past 10 Years, Has the Client Had Any Of The Following Motor Vehicle Related Incidents?
☐ Moving Violation ☐ Reckless Driving ☐ DUI ☐ License Suspended or Revoked
If Yes, Details: _____

Visit our Website at www.michellecrawfordbenefits.com for additional sales tools.
2223 Brookstone Centre Pkwy Ste. A
Columbus, GA. 31907
706-257-5073