



# Life Insurance Quote Form

Advisor Name \_\_\_\_\_ Advisor Phone \_\_\_\_\_

Email \_\_\_\_\_

Client Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ State \_\_\_\_\_

Medications \_\_\_\_\_

Medical Impairments \_\_\_\_\_

Tobacco User

Y/N & Type \_\_\_\_\_ Date Last Used \_\_\_\_\_

Family History

Death or Occurrence of Parent or Sibling Due to Heart Disease, Cancer, Or Diabetes: Age \_\_\_\_\_

Have you Submitted or Received offers from any other Carriers \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Is there anything else that you need coverage for? Auto, Home, Boat, ATV? \_\_\_\_\_

Do you know someone else whom we could help with their rates? \_\_\_\_\_

Term

ART \_\_\_\_\_ 10yr \_\_\_\_\_ 15yr \_\_\_\_\_ 20yr \_\_\_\_\_ 30yr \_\_\_\_\_

Universal Life \_\_\_\_\_ Survivorship Universal Life \_\_\_\_\_ Variable Universal Life \_\_\_\_\_ Whole Life \_\_\_\_\_

Permanent Coverage

Index Universal Life \_\_\_\_\_

Death Benefit \_\_\_\_\_ Premium \_\_\_\_\_

Additional First Year

Premium \_\_\_\_\_ 1035 Exchange \_\_\_\_\_

Years to Pay Premium

Lifetime \_\_\_\_\_ To Age \_\_\_\_\_

Solve

No lapse Guarantee to Age \_\_\_\_\_ Cash Value \$ \_\_\_\_\_