



Individual Life Insurance Quote Information

Name:	Phone #:
Address:	County:

Please answer the following:

Desired amount of life insurance?..... \$ _____

Type of life insurance product desired?..... Term Ins Universal Life Other _____

How long do you need this life insurance?..... _____ years

Date of birth?..... _____ / _____ / _____

Have you used tobacco products within the past: 1 year? 3 years? 5 years? Never used

Do you have any health issues?..... No Yes – explain in remarks

How tall are you?..... _____ ft _____ inches

How much do you weigh?..... _____ pounds

Do you ride motorcycles?..... No Yes – explain in remarks

Have you had any DUI, reckless driving, or other major violations in the past five years?..... No Yes – explain in remarks

Has your license been suspended in the last five years?..... No Yes – explain in remarks

Do you fly as a pilot or as a crew member?..... No Yes – explain in remarks

Do you scuba dive, race, rock/mountain climb, or partake in other hazardous recreational activities?..... No Yes – explain in remarks

Do you plan to replace a current life insurance policy?..... No Yes – explain in remarks

Have you been convicted of crimes or felonies? No Yes – explain in remarks

Remarks: