


  
*Life, Long Term Care, Disability, Annuities, Living Benefits*
  
**Life Insurance Quote Request**

Agent/Broker Name: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_

Client 1: \_\_\_\_\_  
 male or female (*circle one*)      State      DOB      Height      Weight

Client 2: \_\_\_\_\_  
 male or female (*circle one*)      State      DOB      Height      Weight

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| <p><b><u>Plan Info:</u></b>      <b>Client 1:</b></p> <p>1. Solve for:<br/>Face or premium amount: _____</p> <p>2. Plan type: _____</p> <p>3. Lump sum prem.: _____ 1035? _____<br/>With future annual premiums? (<i>yes/no</i>)</p> <p>4. Any riders?<br/>       a. Disability Waiver? (<i>yes/no</i>)<br/>       b. Child Rider, amount: _____<br/>       c. LTC rider (amount or %): _____</p> <p>5. Premium mode: _____</p> | <p><b>Client 2:</b></p> <p>1. Solve for:<br/>Face or premium amount: _____</p> <p>2. Plan type: _____</p> <p>3. Lump sum prem.: _____ 1035? _____<br/>With future annual premiums? (<i>yes/no</i>)</p> <p>4. Any riders?<br/>       a. Disability Waiver? (<i>yes/no</i>)<br/>       b. Child Rider, amount: _____<br/>       c. LTC Rider (amount or %): _____</p> <p>5. Premium mode: _____</p> |
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| <p><b><u>Health Notes:</u></b></p> <p>6. <b>Risk class:</b> <i>Preferred</i> or <i>Standard</i></p> <p>7. <b>Ever used tobacco?</b> _____<br/>       a. If yes, what type? _____<br/>       b. If quit, when? _____</p> <p>8. <b>Family history</b> (parents, siblings: any death from cancer, stroke, or heart disease prior to 65):<br/>       _____</p> | <p>6. <b>Risk class:</b> <i>Preferred</i> or <i>Standard</i></p> <p>7. <b>Ever used tobacco?</b> _____<br/>       a. If yes, what type? _____<br/>       b. If quit, when? _____</p> <p>8. <b>Family history</b> (parents, siblings: any death from cancer, stroke, or heart disease prior to 65):<br/>       _____</p> |
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**Other info, meds, driving record, etc.:** \_\_\_\_\_

**Fax to: (414) 427-8330, or call John, Debbie, Troy, or Mike at (800) 657-0736.**