

QUICK QUOTE FOR BANKRUPTCY

CLIENT: NAME _____ / M F / DOB _____ AGE _____ / HT _____ WT _____ / STATE _____

AMT. REQUESTED \$ _____ / MAX. ANNUAL PREMIUM \$ _____ / TYPE OF INS. UL TERM YRS. LVL _____

TOBACCO USE NO YES, TYPE _____ / REPLACEMENT YES NO / CURRENT ANN. PREM. \$ _____

LAST LIFE INSURANCE APP. YEAR _____ COMPANY _____ ACTION _____

OCCUPATION _____ / MARITAL STATUS SINGLE MARRIED WIDOWED DIVORCED

FAMILY HISTORY –
AGE, IF STILL LIVING: FATHER _____ MOTHER _____ SIBLING 1 _____ SIBLING 2 _____ SIBLING 3 _____

IF ANY DECEASED, PROVIDE RELATION, AGE AND CAUSE OF DEATH _____

HAVE ANY OF YOUR FAMILY MEMBERS BEEN DIAGNOSED WITH CANCER, DIABETES OR HEART DISEASE PRIOR TO AGE 60? IF YES, PROVIDE RELATION, ILLNESS AND AGE OF ONSET _____

DRIVING RECORD - # OF VIOLATIONS IN PAST 3 YEARS _____ / # OF DUI / RECKLESS DRIVING PAST 5 YEARS _____

DO YOU EXERCISE 3 OR MORE TIMES PER WEEK? NO YES, DETAILS _____

DATE OF LAST MEDICAL CHECKUP _____ RESULTS _____

DATE OF LAST RESTING EKG _____ RESULTS _____

LAST BLOOD PRESSURE READING (EXAMPLE 140/80) _____ / ARE YOU TREATED FOR BLOOD PRESSURE? NO YES

LAST TOTAL CHOLESTEROL READING AND HDL READING _____ / ARE YOU TREATED FOR CHOLESTEROL? NO YES

AGENT: NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

1. PLEASE SPECIFY THE FOLLOWING REGARDING BANKRUPTCY:

HAVE YOU FILED? / WILL YOU FILE FOR BANKRUPTCY?

IF YES, REASON _____

DATE FILED/WILL BE FILED: MONTH _____ YEAR _____

2. TYPE OF BANKRUPTCY

PERSONAL: MONTH _____ YEAR _____

- CHAPTER 7
- CHAPTER 13

BUSINESS: MONTH _____ YEAR _____

- CHAPTER 7
- CHAPTER 11
- CHAPTER 13

3. HAS THE BANKRUPTCY BEEN DISCHARGED?

YES; MONTH _____ YEAR _____

NO:

ANTICIPATED DISCHARGE: MONTH _____ YEAR _____

HAS A RE-PAYMENT PLAN HAS BEEN ESTABLISHED

ARE MONTHLY PAYMENTS MADE

NUMBER OF PAYMENTS MADE TO DATE _____

4. PURPOSE OF INSURANCE COVERAGE:

5. FINANCIAL STATUS

ARE YOU CURRENTLY EMPLOYED?
OCCUPATION _____

DO YOU HAVE AN ANNUAL INCOME?
SPECIFY _____

NET WORTH
APPROXIMATE _____

6. LIST ANY OTHER ILLNESSES OR IMPAIRMENTS (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY) ALONG WITH ALL MEDICATIONS TAKEN:

