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Quick Quote

Agent information

To obtain a tentative offer, the following information must be completed on this cover sheet and medical and/or financial documents submitted.

Agent name: ____________________ Agent phone: ____________

Agent email: ____________________ Firm name: ____________

Agent fax: ____________________ Contact name: ____________

Total pages sent: ____________________

Client information

Client name: ____________________ Client SSN: ____________

Client DOB: __________ Height: ________ Weight: ________ Gender: ☐ Male ☐ Female

Product: ☐ Term ☐ Permanent Face amount: $____________

Currently using tobacco? ☐ Yes ☐ No Client's net worth: $____________

Does client participate in any hazardous activities? ☐ Yes ☐ No

If yes, please describe: ____________________

Does client have any plans for foreign travel? ☐ Yes ☐ No

If yes, please describe: ____________________

Has this client ever been rated or declined? ☐ Yes ☐ No

Note: Clients who have been previously declined by more than two carriers will not be eligible to receive an offer.

If yes, please describe: ____________________

Total amount applied for with all carriers (include known offers): ____________________

Total amount of in-force coverage (include all settled policies): ____________________

Will the insurance be premium financed? ☐ Yes ☐ No

Please list ALL medications (prescribed or over the counter) and dosages you are currently taking or have taken in the last 30 days? (If none, please state none.)

	Medication/Prescription:	Dosage:
1.	____________	________
2.	____________	________
3.	____________	________
4.	____________	________

Medical information

1. Have you ever had symptoms of, been diagnosed with, or been treated for:

a. Disease of the heart or circulatory system, including high blood pressure, heart attack, coronary artery disease, or chest pain? . . . . . ☐ Yes ☐ No

b. Heart murmur, rhythm abnormality, heart catheterization, echocardiogram or an exercise treadmill test? . . . . . ☐ Yes ☐ No

c. Cancer, tumors, lymphoma, leukemia, or any growths, lesions, polyps?............... Yes No

d. Diabetes, thyroid, glandular or endocrinal disorder? . . . . . ☐ Yes ☐ No

e. Respiratory disorders including asthma, chronic bronchitis, emphysema, pneumonia, shortness of breath, or abnormal chest x-ray? . . . . . ☐ Yes ☐ No

f. Disorder of the stomach, liver, pancreas or intestinal tract, including ulcerative colitis, Crohn's disease, or cirrhosis? . . . . . ☐ Yes ☐ No

g. Disorder of the kidneys, prostate, bladder, reproductive organs, sexually transmitted diseases, sugar, albumin or blood in urine? . . . . . ☐ Yes ☐ No

h. Stroke, transient ischemic attack (TIA), Parkinson's, multiple sclerosis, seizures, epilepsy, chronic headaches, memory changes or fainting? . . . . . ☐ Yes ☐ No

i. Anxiety, depression, attempted suicide, attention deficit disorder or psychosis, mental or nervous system disorder? . . . . . ☐ Yes ☐ No

j. Anemia, hepatitis, or any blood disorder? . . . . . ☐ Yes ☐ No

k. Chronic back pain, arthritis, loss of limb, paralysis, muscle weakness or disease? . . . . . ☐ Yes ☐ No

2. Within the last five years, other than as noted above, have you:

a. Seen a doctor, health care provider, counselor, therapist, or had any illness, injury, surgery, diagnostic test or treatment, or been advised to have any diagnostic test, surgery or treatment not yet completed? . . . . . ☐ Yes ☐ No

b. Been a patient of a clinic or hospital emergency room, or had any diagnostic test that was not normal? . . . . . ☐ Yes ☐ No

c. Used any drug, narcotic or controlled substance not prescribed by a physician, or been arrested, counseled, treated, or participated in a support group because of alcohol, controlled substance or drug use? . . . . . ☐ Yes ☐ No

d. Do you currently use alcoholic beverages? . . . . . ☐ Yes ☐ No

If yes, what is the average number of drinks per day? ☐ 2 or less ☐ 3-5 ☐ 6 or more

Give complete details of any YES answers to questions 1 and 2. (If necessary, use an additional page for additional details.)

Question number	Date	Details, include diagnosis, treatment, duration, result	Name, address and phone number of doctor / medical facility

All quotes are tentative, non-binding and subject to change after a complete underwriting workup.