

Life Insurance Quote Request



Agent Information

Agent Name: _____
Phone: (_____) _____
E-mail: _____

Date: _____
Contact Person: _____
Date of Appointment: _____
Signing State: _____

1) Has this case been shopped with another carrier/GA in the past 12 months? _____

Client Information (use Additional Notes section to add more details)

General

Client Name: _____
Gender: _____ Date of Birth: _____
Age: _____ Height: _____' _____" Weight: _____lbs
Cholesterol: _____ Blood Pressure: _____
Rating Class: _____

Medical Impairments and History

Impairments (e.g. Diabetes, Cancer, Hypertension, etc): _____

Medication taken, purpose of medication, dosage and frequency: _____

Tobacco and Marijuana

Does the client currently use tobacco or marijuana products? ☐ Yes ☐ No
What type? ☐ Cigarettes ☐ Cigars ☐ Marijuana ☐ Other
How often? _____
Is the client a past tobacco or marijuana user? ☐ Yes ☐ No
Time since their last use? _____

Family History

Are there any occurrences of, or death from, any of the following conditions in the client's family?
☐ Heart Disease ☐ Cancer ☐ Diabetes
If yes, relation to client? ☐ Mother ☐ Father ☐ Sibling
Age at death (if applicable): _____

Driving Record

How many moving violations has the client received in the past three (3) years? _____
Has the client ever been arrested for driving under the influence of alcohol or drugs? ☐ Yes ☐ No If "Yes," how many times? _____

2) Are we in competition with another carrier(s)? _____

3) What is the client's premium tolerance? \$ _____ per _____

Quote Information (use Additional Notes section to add more details)

☐ Term Life ☐ ART ☐ 10 ☐ 15 ☐ 20 ☐ 25 ☐ 30 ☐ ROP

☐ Universal Life ☐ Survivorship Universal Life ☐ Variable Universal Life ☐ Whole Life ☐ Indexed Universal Life

Face amount(s): \$ _____

Solve for: ☐ No-Lapse Guarantee ☐ Endowment ☐ Cash Value at Age _____ \$ _____ ☐ _____% Return (VUL Only)

Premium: \$ _____ Mode: ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly (PAC)

Additional 1st Year Premium: _____ Is the premium from a 1035 rollover? ☐ Yes ☐ No

Premium Payment Period: ☐ Lifetime ☐ Shortened _____ years

Withdrawals/Loans: Beginning Age _____ for _____ years Leaving \$ _____ cash at maturity

Riders: ☐ Waiver of Premium ☐ Accidental Death Amount \$ _____

☐ Child Term Rider \$ _____ (age of youngest child _____)

☐ Spouse Term Rider \$ _____

Additional Notes: _____

When completed please fax to (260) 479-6083 or e-mail to practicesupport@ashbrokerage.com