

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

Does the client currently use tobacco products? Yes No
What type? Cigarettes Cigars Other
How often? _____
Is the client a past tobacco 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