



**Life Insurance:
Quote Request**

Agent/Branch: _____

Date Submitted: _____ **Time:** _____ **Requested Effective Date:** _____

Name: _____ **Birthday:** _____ **Age:** _____

☐ Male ☐ Female **Height:** _____ **Weight:** _____ **Smoker?** ☐ Yes ☐ No

Medical Issues (please describe): _____

Any children under the age of 25? ☐ No ☐ Yes (#: _____)

Current Coverage (type & amount): _____

Coverage Amount: _____

- ☐ Term Life (☐ 1 year term ☐ 5 year term ☐ 10 year term ☐ 20 year term)
- ☐ Universal Life (☐ Option 1 (level) ☐ Option 2 (increasing))
- ☐ Whole Life
- ☐ Full Pay Life (☐ 5 pay ☐ 10 pay ☐ 20 pay)

- **Waiver of Premium for Disability?** ☐ No ☐ Yes
- **Children's Term Rider?** ☐ No ☐ Yes (☐ \$5,000 ☐ \$10,000) (only for children under age 25)
- **Total Disability Income Rider?** ☐ No ☐ Yes (☐ 30 day elimination ☐ 180 day elimination)
- **Accidental Death Benefit Rider?** ☐ No ☐ Yes
- **Additional Insured Term Rider:** ☐ No ☐ Yes (If yes, please provide)

Name: _____ **Birthday:** _____ **Age:** _____

☐ Male ☐ Female **Height:** _____ **Weight:** _____ **Smoker?** ☐ Yes ☐ No

Medical Issues (please describe): _____

Payment Option: ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly ☐ Monthly PAC

Notes: _____

There are many options/coverages/riders/etc. available. Some have face value limitations or requirements. Your Agency Specialist will be able to go over this with you to customize the quote to your customer.