



## Life Insurance Quick Quote

### *General Information*

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Gender: Male  Female

### *General Health Questions*

Do you currently take any medications? Yes  No  List if yes \_\_\_\_\_

Have you ever used any form of tobacco? Yes  No   
If so, when was the last time you used any form of tobacco? \_\_\_\_\_

Have you ever been treated or sought treatment for diabetes, heart disease, cancer, or cardiovascular disease? Yes  No  Provide details if yes \_\_\_\_\_

Have you ever sought treatment or been advised to seek treatment for the use of drugs or alcohol? Yes  No  Provide details if yes \_\_\_\_\_

Have you ever been treated for depression? Yes  No  Provide details if yes \_\_\_\_\_

In the past 5 years, have you been convicted of driving under the influence of alcohol? Yes  No   
Provide details if yes including dates \_\_\_\_\_

In the past 3 years, have you been convicted of 3 or more moving violations? Yes  No   
Provide details if yes including dates \_\_\_\_\_

Do you have Family History (natural parents or siblings) of deaths from cancer, Cardiac related issues or diabetes prior to age 60? Yes  No  Provide details if Yes \_\_\_\_\_

Do you participate in any hazardous sports or are you a private pilot? Yes  No   
Provide details if Yes \_\_\_\_\_

### *Quote Information*

Face Amount \_\_\_\_\_ Term Period  10 year  15 year  20 year  30 year

***When completed please fax to 480 657 8505***