

QUICK QUOTE REQUEST

Producer: Face amount/term or UL:

Client: Date of Birth:

Height/Weight:

Any weight loss of 10lbs or more in past year, if so, please indicate amount and reason:

Do you use any type of tobacco product?

If you have quit, what was the approximate month and year?

Has a parent or sibling died prior to age 60 of heart disease, diabetes or cancer? If so, please provide the age of onset, along with their current ages if living, or the ages when they died:

Father:

Mother:

Siblings:

Do you have any history of high blood pressure, high cholesterol, heart issues or any type of vascular disease?

Have you ever consulted or sought help or treatment for alcohol/drug related problems or been told to cease the use of alcohol by a physician or licensed practitioner?

Please explain:

Are you currently taking or been advised to take any prescribed medications (other than contraceptives)?

Do you have asthma, sleep apnea, shortness of breath, COPD or any other respiratory problems?

Do you have chronic headaches, seizures or any other disorder of the brain or nervous system?

Do you have a history of depression, bipolar disorder, anxiety, OCD, or any other nervous or emotional disorder?

Do you plan to travel or reside outside of the United States within the next year?

Within the last 5 years have you been found guilty of a felony, DUI, reckless driving or any other moving violations? If so, dates and charges.