

Life Insurance Quote

Date _____

How did you learn about Area Financial Services? _____

Name _____ Phone (H) _____ Phone (W) _____

Address _____

Male/Female _____ DOB _____ Height _____ Weight _____

Ever used tobacco? _____ What kind? _____ When discontinued? _____

Pre-existing conditions? _____

Medications & reasons? _____

Ever treated for alcohol or drug addiction? _____ If so, when? _____

Any DUI or speeding tickets in the last 5 years? _____

Participated in any hazardous sports or activities (motor vehicle or boat racing, hand gliding, sky, skin, or scuba diving, pilot or student pilot) in the last 3 years?

Either parent die of cardiovascular disease or cancer before age 60? _____

Spouse Name _____ DOB _____ Height _____ Weight _____

Ever used tobacco? _____ What kind? _____ When discontinued? _____

Pre-existing conditions? _____

Medications & reasons? _____

Ever treated for alcohol or drug addiction? _____ If so, when? _____

Any DUI or speeding tickets in the last 5 years? _____

Participated in any hazardous sports or activities (motor vehicle or boat racing, hand gliding, sky, skin, or scuba diving, pilot or student pilot) in the last 3 years?

Either parent die of cardiovascular disease or cancer before age 60? _____

TYPE OF LIFE INSURANCE PLAN REQUESTED

ART ____ 5YL ____ 10YL ____ 15YL ____ 20YL ____ 30YL ____

Universal Life ____ Joint Universal Life ____ Option A or B ____

Lump Sim ____ Premium paid to age ____

Face Amount ____ Requested Premium ____

Billing Mode A ____ S ____ Q ____ C ____

Optional Riders

Waiver of Premium ____ Additional Insured ____

Spousal Rider ____ Child Rider ____ Amount ____

Guaranteed Future Purchase Option ____

Additional Comments _____
