

Return Form to:
Cheri@agent-link.net



Life Quote Request Form

Agent: _____ Phone: _____ Fax: _____

Email: _____ State: ___ Client Name: _____

M/F DOB: _____ Height: _____ Weight: _____ Death Benefit: _____

Term Options: 10 ___ 15 ___ 20 ___ 25 ___ 30 ___ 35 ___ 40 ___ UL _____

Rider Options: Waiver of Premium _____ Child Rider: _____ Long Term Care _____

Y/N_	1.) Have you ever used any form of Nicotine? If so, when? _____ What type? _____														
Y/N_	2.) Do you do any foreign travel?														
Y/N_	3.) Are you a U.S. citizen?														
Y/N_	4.) Do you participate in flying (airplanes, helicopters or hot air balloons), scuba diving, or racing?														
Y/N_	5.) Have you ever been rated or declined for insurance?														
Y/N____	6.) Has any member of your family (parent or sibling) been treated for cancer, heart disease, or any cardiac related conditions prior to age 60?														
Y/N_	7.) Have you ever been treated/diagnosed with any of the following, if YES, give details below:														
	<table><tr><td>_____ Heart Disease</td><td>_____ Stroke</td></tr><tr><td>_____ COPD</td><td>_____ Cancer</td></tr><tr><td>_____ Diabetes</td><td>_____ Lupus</td></tr><tr><td>_____ MS</td><td>_____ Asthma</td></tr><tr><td>_____ Sleep Apnea</td><td>_____ Arthritis</td></tr><tr><td>_____ Alcohol Abuse</td><td>_____ Drug Abuse</td></tr><tr><td>_____ High Blood Pressure</td><td>_____ Depression</td></tr></table>	_____ Heart Disease	_____ Stroke	_____ COPD	_____ Cancer	_____ Diabetes	_____ Lupus	_____ MS	_____ Asthma	_____ Sleep Apnea	_____ Arthritis	_____ Alcohol Abuse	_____ Drug Abuse	_____ High Blood Pressure	_____ Depression
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_____ Alcohol Abuse	_____ Drug Abuse														
_____ High Blood Pressure	_____ Depression														

Details/explanation to any "YES" answers above: _____

***CURRENT MEDICATIONS:** _____

