

# LIFE INSURANCE QUOTE INFORMATION SHEET

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_ DIVORCED \_\_\_\_\_ WIDOWED \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYER \_\_\_\_\_

LOCATION \_\_\_\_\_

TYPE OF INSURANCE: TERM: \_\_\_\_\_ UNIVERSAL: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

SMOKER: \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

ANY MEDICAL \_\_\_\_\_

CONDITIONS \_\_\_\_\_

PERSCRIPTIONS: \_\_\_\_\_

LIST EXISTING COVERAGE: TYPE: \_\_\_\_\_

COMPANY: \_\_\_\_\_ AMOUNT: \_\_\_\_\_