

Life Insurance Quote Request

Agent: _____
Agent Address: _____
Phone: _____ Fax: _____
Email address: _____
Return Quote By: Fax: ___ Phone: ___ Email ___ Mail: ___

Prospect Name: _____
Sex: M or F DOB: _____

- State where application will be signed: _____
1. Tobacco Use: Never ___ Cigarette ___ Cigar ___ Chewing Tobacco ___ Quit _____
 2. Rating: Preferred Plus ___ Preferred ___ Standard Plus ___ Standard ___
 3. Height: _____ Weight: _____
 4. Blood Pressure _____ Cholesterol: _____ HDL Ratio: _____
 5. Last Physical: _____ Date Last seen a Doctor _____ Reason: _____
 6. Medication taken currently: _____
 7. Daily Usage: _____
 8. Death from heart disease/cancer (Before age 60)
Father: Y/N Mother Y/N Brother: Y/N Sister: Y/N
 9. Aviation/Avocation: _____
 10. Any other information we need to know about client health: _____

Face Amount: _____ Term ___ ROP ___ UL ___ EIUL ___ WL ___
Term Years: 1 5 10 15 20 30 Guar to age 100 Low Commissions: Y/N
Riders: _____
Premium Amount: Minimum ___ Target ___ No Lapse Guarantee ___ Specified _____
Premiums Payable (# Years) _____ Other Int. Rate (if any) _____
Cash value objective: Best: _____ Amount: _____ @Age: _____

Other comments: _____

Date requested: _____ Date returned: _____
Requested by: _____

Prepared By: _____

Please Fax your quote request to GAIN
Fax: 512-251-1912 Toll Free: 1-877-847-6426
Or call: 1-800-847-6426