



1.800.256.3222 Local 225.292.3222

Fax # 225-295-1996

8555 United Plaza Blvd - #110

Baton Rouge, LA 70809

## "LIFE QUOTE REQUEST"

Name Of Client(not required)\_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_Male or \_\_\_\_Female

Tobacco Use \_\_\_\_yes \_\_\_\_no (Type) cigar / tobacco / cigarettes

Height/Weight \_\_\_\_\_

Medical History\_\_\_\_\_

Medications \_\_\_\_\_

Plan of Insurance: Term \_\_\_\_\_ Length of Term desired\_\_\_\_\_

Whole Life \_\_\_\_\_ Universal Life \_\_\_\_\_ Final Expense \_\_\_\_\_

Face Amount/Death Benefit: \_\_\_\_\_

Agent Name\_\_\_\_\_

Method to return quote to you: email-\_\_\_\_\_

Fax #: \_\_\_\_\_ Phone:\_\_\_\_\_

Note - if you have any special request please advise & for high risk clients we can do a "full risk" assessment with over 30 carriers to determine who can & will possibly offer the BEST rate class.