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LIFE INSURANCE QUOTATION REQUEST

In order to provide you with the **most accurate Life Insurance quotations**, we will need you to please complete the information below.

Personal Questions:

Name: _____ Date of Birth: _____

Height? _____ Weight? _____

Have you ever used tobacco in any form? ___Yes ___No

Have you had any moving violations in the last 3 years? ___Yes ___No

Have you ever been convicted of any felonies? ___Yes ___No

Medical Questions:

Do you have any known Medical conditions? ___Yes ___No

Are you on any medication? ___Yes ___No

When last did you consult with your doctor? _____

When last were you hospitalized? _____

Family Medical History:

Do any of your parents or siblings suffer with cancer, heart or any hereditary diseases? ___Yes ___No

Insurance Questions:

Would you prefer a Whole Life or a 10, 20, 30-year Term Life Policy? _____

Amount Needed? _____