

# LIFE INSURANCE REQUEST FOR QUOTE

Agent \_\_\_\_\_ Phone \_\_\_\_\_

Client \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Face Amount \_\_\_\_\_ Plan \_\_\_\_\_

Date last used tobacco or nicotine products \_\_\_\_\_

Type/Quantity/Frequency of tobacco/nicotine products \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Weight change in last 12 months \_\_\_\_\_

## **Family History**

Has there been a diagnosis or death from cancer, heart disease, heart attack or diabetes in parents or siblings? If yes, please be specific as to age of onset, age of death, type of cancer, etc

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## **Medical History**

Medications (when prescribed, reason, dosage, frequency)

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Current or past medical treatment details (dates, type facility, etc.) use specific [questionnaires](#) if needed

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## **Other Risks**

Avocations, poor driving record, travel outside US, bankruptcy, criminal history, etc

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