



## LIFE INSURANCE REQUEST FORM

Date: \_\_\_\_\_

Client #1: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Client #2: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

### Address

Street Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State/Province/Region: \_\_\_\_\_

ZIP/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Best time & way to reach you: \_\_\_\_\_

### CLIENT #1

Smoker

Non-Smoker

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Health Concerns: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Benefit Amount: \$ \_\_\_\_\_

Term

Universal

Whole

### CLIENT #2

Smoker

Non-Smoker

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Health Concerns: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Benefit Amount: \$ \_\_\_\_\_

Term

Universal

Whole



Primary purpose of life policy: \_\_\_\_\_

Other insurance policies in effect in household:

- Spouse Life Policy
- LTC Policy
- Employer Provided Term Life Policy
- Disability Policy

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_