

LIFE QUOTE SHEET

Date: _____

Name: _____ DOB: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Do you have life insurance now? _____ With whom? _____

How long have you had this coverage? _____ Do you intend on replacing this coverage with new coverage? _____

Do you smoke and have you quit in the last 12 month? _____

How much do you smoke? _____

What type of Life insurance are you interested in? Permanent/Whole Life Term: 10 15 20 30 year

How much insurance benefit are you interested in?

L Liabilities to pay off-mortgage, car loans, medical bills _____ \$ _____

I Income replacement for the beneficiary? For how long? _____ \$ _____

F Final Expenses-Funeral cost, lingering medical expenses? _____ \$ _____

E Education expense for children? How many years and How much? _____ \$ _____

Possible total of Benefit: \$ _____

Any child riders if available? _____ Names of Children: _____

Any waiver of premium rider if available? _____

Initials _____