



MarketShare
Financial

"Sell It. Place It!"

Life Insurance Quote

Agent Information

Agent Name: _____

Date: _____

Contact Person: _____

E-mail: _____

Date of Appointment: _____

Phone: (____) _____

Has this case been shopped by another carrier/GA in the past 12 months? _____

Are we in competition with another carrier(s)? _____

Client Information (to add more details use Additional Remarks section)

Client Name: _____ Male Female Date of Birth: _____ Age: _____

Signing State: _____ Rating Class _____

Height: _____ Weight: _____ lbs Cholesterol: _____ Blood Pressure _____

Medical History

Impairments (e.g. Diabetes, Cancer, Hypertension, etc): _____

Medication taken, purpose, dosage & frequency: _____

Present Tobacco Use

None Cigarettes Cigars-Frequency _____ Pipe Chew Other _____

Former Tobacco User: No Yes

If Yes, list each type of tobacco, date of last use, frequency and quantity: _____

Family History

Are there any occurrences of, or death from, any of the following conditions in the client's family?

Heart Disease Cancer, Type _____ Diabetes If yes, relation to client? Mother Father Sibling

Age at death (if applicable) _____ Age of onset _____

Driving Record

How many moving violations has the client received in the past three (3) years? _____

Has the client ever been arrested for driving under the influence of alcohol or drugs? Yes No How many times? _____

Hazardous Activities In the past 5 years have you or do you intend to participate in any hazardous activities?

None Racing Scuba Diving Private Pilot Mountain Climbing Sky Diving

Quote Information (to add more details use Additional Remarks section)

What is the client's premium tolerance? \$ _____ per _____

Term Life ART 10 15 20 30 ROP

Universal Life Survivorship Universal Life Variable Universal Life Whole Life Indexed Universal Life

Face Amount (s): \$ _____

Solve for: No-Lapse Guarantee Endowment Cash Value at Age ___ \$ _____ ___% Return (VUL Only)

Premium: \$ _____ Mode: Annual Semi-Annual Quarterly Monthly (PAC)

Additional 1st Year Premium: _____ Is the premium from a 1035 rollover? Yes No

Period of Premium Payment: Lifetime Shortened _____ Years

Withdrawal / Loans: Beginning Age _____ for _____ years Leaving \$ _____ cash at maturity

Riders:

Waiver of Premium Child Term Rider \$ _____ (age of youngest child _____) Accidental Death \$ _____

Spouse Term Rider \$ _____ Other _____

Additional Remarks

Please complete as much information as possible to facilitate the risk assessment and quote process.