3000 **INSURANCE** GROUP

QUOTE REQUEST FORM/INDIVIDUAL INSURANCE

Please fax completed form to 405.521.1610. If you have questions call 405.521.1600

Name: _____ Preferred Phone: _____ ☐ Home ☐ Cell ☐ Work

Address: _____

City: _____ State: _____ Zip Code: _____

DOB: ___/___/_____ Occupation: _____ ☐ Male ☐ Female

Height: _____ Weight: _____ Annual Income: $_____

Email: _____ What is your annual/monthly premium budget? _____

How much Life insurance do you anticipate you will need in 10/20/30 years? _____

- **Please select from the following options...**

Life
Benefit amount _____
☐ 10 Year Term
☐ 20 Year Term
☐ 30 Year Term
☐ Whole Life
☐ Universal Life

Disability
Benefit amount _____
Wait Periods
☐ 30 day
☐ 60 day
☐ 90 day
☐ 180 day
☐ 365 day

Business Overhead Expense
Approximate Monthly Overhead
_____
Wait Periods
☐ 15 day
☐ 30 day

- Please list any riders wanted: _____
- What Life, Disability, and BOE Insurance do you have in place now?: _____
- Will any insurance be replaced by this policy? ☐ Yes ☐ No If yes, give details: _____
- Have you had any moving traffic violations in the past 10 years? ☐ Yes ☐ No If Yes, give type and date recieved _____

  _____ _____/_____ _____ _____/_____
- Have you used nicotine at anytime? ☐ Yes ☐ No If yes, Please give type and date last used _____
- Are you a pilot or do you participate in any hazardous activities, such as scuba diving, sky diving, competitive skiing, hang gliding, etc?

  ☐ Yes ☐ No If yes, please provide details: _____
- Please give age and cause of death of any parents, brothers or sisters no longer living: _____

  _____ _____ _____ _____
- Please list any previous or current medical conditions, mental disorders and/or treatment for drug & alcohol abuse, including year, diagnosis, treatment & current status. _____

  _____
- Do you plan on traveling outside of the United States for anything other than vacation? ☐ Yes ☐ No

  If yes, please provide details: _____
- Do you have a family history of heart disease, diabetes or cancer? ☐ Yes ☐ No If yes, please provide details: _____

  _____
- Please list any medications with the dose you take: _____

  _____