

Life Quote Request

Request Date: _____
 Complete Date: _____
 Revision Date: _____

Business Name: _____
Client Name: _____ **DOB:** _____
Client Spouse's Name: _____ **DOB:** _____
State: _____ **Nicotine Use:** _____

Preferred Plus Preferred Standard Plus Standard Rating: _____

Face Amount: _____ **Death Benefit Option:** A B C

Product: _____

Carrier(s): _____

UL _____ **INDEX** _____ **SUL** _____ **WL** _____

Term UL: 10 15 20 25 30 ROP

Term: 1 5 10 15 20 25 30

Pick 5: Yes No

1035: _____ **Loans:** _____ **Years to Pay:** _____

Premium Finance: Yes No **Index Interest Rate:** _____

Split Dollar: Economic Loan **Tax Bracket:** Business Personal

Keyman: Yes No

Buy/Sell: Corp S Partner

101J/Business Owned: Yes No

Kettley Description: Yes No

Vital Signs: Yes No

Special Instructions: _____

(Notes on Back)

Broker Name: _____
Broker Firm: _____
Phone: _____ **Fax:** _____
E-Mail: _____
IDD Associate: _____

Please send the completed form to info@insdesign.com or Fax to 214-368-0308