

**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](mailto:info@insdesign.com) or Fax to 214-368-0308