

Producers Connection Quote Request

Please fax to 901-758-8841 or email to ryan@pc4producers.com

(Providing all of the information below will help us get the most accurate quote for your client. Please FAX a separate form for each client back to us, and let us know how soon you need the quote. Thanks!)

Today's date _____ Need quote by (date/time) _____

Agent/agency requesting quote: _____

Applicant Name _____

Date of birth: ___/___/___ **Ht/Wt:** ___'___" / ___ lbs. **Sex:** M F

Tobacco status: never used _____ Last Use: _____
currently use _____ type used _____ (how often _____)

Face amount(s) desired: \$ _____ \$ _____ \$ _____

Type of coverage: Term: # of years > 5 10 15 20 30 ROP Other _____

Perm: UL / WL (supply special instructions for UL below... "endow at 100, 20 pay")

Optional benefits or riders, if any (additional insureds will require separate sheet w/their info):

To assure accuracy, and a quote with all available discounts, we need the information below:

Family History	age if alive	age at death	Current health or cause of death
Father	_____	_____	_____
Mother	_____	_____	_____
Siblings (M or F)	_____	_____	_____

Current health (List any current health conditions, medications taken, any past history that might affect rate. Serious conditions [cancer, diabetes, etc] may require supplemental info to quote. Go to our website in the Request a Quote section, click on "impaired risk", complete the info including the pertinent special condition questionnaire):

Other info (adverse driving record/DUIs, hazardous avocations, aviation, rating action by other companies, etc. If more room is needed, please fax additional sheet with info and client's name at the top):

Purpose of the insurance (family, mortgage, business, etc. - financial justification sometimes required):