



Quick Term Quote Request Form

Date: _____

Agent Name: _____ Phone: _____ Fax: _____

Client Name: _____ Male / Female (circle one)

Date of Birth: _____

State: _____

Date of Last Tobacco use: _____ If never used indicate "Never"

Build: Height _____ Weight: _____ lbs.

Medical History: _____

Medications / Dosage: _____

Family History: _____

(Parents alive or deceased? If deceased, give reason and age. Any cancer or heart disease for either parent? If yes, indicate age of onset)

Additional Information: _____

Face Amount(s): _____

Premium Mode: Annual ~ Semi-annual ~ Quarterly ~ Monthly (circle one)

Product: (circle) Whole Life / Guaranteed Universal Life / Final Expense

Term: Desired Length (circle)

- | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|
| 5 | 10 | 12 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 |

Please fax request back to 973-812-7768 OR
Email to Luz@pgaforlife.com