

Life Insurance Quote Request

Email to quotes@gain1776.com or Fax request to 512-251-1912 / 877-847-6426

Agent Name: _____ Date: _____

Return Quote by: Email: _____

Fax: _____ Phone: _____

Mail: _____

Rush Quote Request

Client Name: _____

Sex: Male or Female DOB: _____ or Age: _____

Face Amount: _____ State where application will be signed in: _____

Premium Mode: Annual Semiannual Quarterly Monthly/PAC

Term: Term ROP Survivor Term + Riders (if any): _____

Term Length (circle all that apply): 1 5 10 15 20 25 30 Other: _____

Permanent: UL IUL SUL WL + Riders (if any): _____

Guarantee to age 100 or Length of Guarantee: _____

Premium Amount: Target No Lapse Guarantee Specified: _____ # of Yrs: ____

Cash Value: Goal: _____ @ Age: _____

Purpose of Insurance: Guarantees Build Cash Value Other: _____

Tobacco Use: Never Cigarettes Cigar Chewing Tobacco Other: _____

If applicable: Quit Date: _____ Frequency: _____

Rating: Preferred Plus Preferred Standard Plus Standard Sub-Standard

Build: Height: _____ Weight: _____ or Good Stout Average Petite

Medication(s): Blood Pressure Current Reading(s): _____

Cholesterol Current Reading/Ratio(s): _____

Diabetes Current A1c: _____ Onset Date: _____ Insulin

Depression Name(s) of Meds: _____ Onset: _____

Other(s), plus reason: _____

Family History: Mother Age at Onset: _____ Current Age or Age at Death: _____

Diabetes Heart Disease Cancer Type: _____

Father Age at Onset: _____ Current Age or Age at Death: _____

Diabetes Heart Disease Cancer Type: _____

For sibling family history, please see Comments below.

Driving History: DUI/DWI, when: _____ Moving Violation(s), when: _____

Comments (aviation, avocation and other medical conditions might require more information or a questionnaire): _____
