

LIFE QUOTE REQUEST

PROPOSED INSURED : _____

DOB (**not age**) : _____

HEALTH CLASS (complete health screen): _____

LUMP SUM FACE AMOUNT: _____ or INCOME NEEDED: _____

PROTECTION PERIOD: (circle one)

10 15 20 25 30 35 40 years or to age 90 95 100 105 110
120

PREMIUM PERIOD: (circle one)

1 5 7 10 15 20 25 30 40 years or to age 90 95 100 105
110 121

LUMP SUM PREMIUM: _____

1035 EXCHANGE AMOUNT: _____

DOES CLIENT WANT TO LAYER COVERAGE? _____

1. Lump sum and income stream? _____
2. Multiple coverage amounts and/or periods? _____

DO YOU WANT RIDERS: _____

Waiver of Premium: _____ Child Rider: _____ Long Term Care Rider: _____

CLIENT'S PREMIUM BUDGET LIMIT: _____

AGENT: _____

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