



LEVEL FOUR INSURANCE SERVICES

Phone: (866) 834-1040

“Quote-It-Right” Term Life

Fax: (972) 665-0885

Date: ___/___/___

ADVISOR INFORMATION-Please answer the following questions.

Table with fields: Advisor Name, Firm, Phone, Address, Fax, City, State, ZIP, E-Mail, Date of Appointment, In what State will Application be signed?

CLIENT INFORMATION

Client Name: Sex: Date of Birth: Age last: Age nearest: Current Tobacco Usage: Non-Tobacco Cigarettes Other Tobacco How often? Past Tobacco Usage: None Cigarettes Other Tobacco Months since last tobacco usage: Types of medication taken and purpose of medication: Amount: Dosage and Frequency: Height: Weight: Cholesterol: HDL Ratio: Blood Pressure: Father's age Living Deceased Cause of death: Heart Disease Cancer Other Mother's age Living Deceased Cause of death: Heart Disease Cancer Other Hazardous Activities? PILOT SCUBA SKYDIVING RACING OTHER PUT DETAILS IN ADDITIONAL NOTES

Other Impairments (e.g. Diabetes, Cancer, Hypertension, etc.)? Yes No PUT DETAILS IN ADDITIONAL NOTES Is this a replacement case? Yes No If YES, what was the previous underwriting class? When was case replaced? Based upon this information, the preliminary risk classification to be quoted will be: Is Client Primary Insured or Second Insured for: Survivorship Plan Term ←UL/Whole Life

TERM LIFE-Please complete this information.

FACE AMOUNT(S):

ART 5 10 15 20 30 Illustrate Guaranteed Rates Only? Yes No

Is this insurance: Personal Business

Can we quote the client's: Spouse Business Partner

Premium Mode: Annually Semi-Annually Quarterly Monthly (PAC)

Riders: Waiver of Premium Accidental Death Child Term Rider, \$ Spouse Term Rider, \$

ADDITIONAL NOTES:

Send by (circle one): FAX E-MAIL MAIL

Include: APPLICATIONS, LICENSING, MISCELLANEOUS FORMS: