



# Quote Request for PERMANENT LIFE INSURANCE

E-MAIL to quotes@bsibroker.com or FAX to 301-540-8787

Date Requested: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Producer Information:

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Method you would like the quote returned to you: ☐ E-mail ☐ Fax ☐ Broker Pick-Up

## Client Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ☐ Male / ☐ Female

Health Class: ☐ Preferred ☐ Standard Height: \_\_\_\_' \_\_\_\_" Weight: \_\_\_\_\_ lbs.

Ever used tobacco products? ☐ No ☐ Yes, type: ☐ Cigarettes ☐ Cigar ☐ Pipe ☐ Chewing Tobacco

If quit, when: \_\_\_\_\_

List any medical problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any medications & dosages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Insurance Needs:

Primary Objective: ☐ Death Benefit ☐ Cash Accumulation ☐ Guarantees ☐ Low Premium

Product Type: ☐ Universal Life ☐ Whole Life ☐ Survivorship ☐ Other: \_\_\_\_\_

Face Amount(s): \$ \_\_\_\_\_ Specific Carrier? \_\_\_\_\_

Riders: ☐ Waiver of Premium ☐ Child Rider ☐ Accidental Death Benefit ☐ Other: \_\_\_\_\_

Payment Plan: ☐ Level ☐ pay to age/# of years \_\_\_\_\_ ☐ 1035 Rollover: \$ \_\_\_\_\_ ☐ Dump-In: \$ \_\_\_\_\_

Payment Mode: ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly

State in which insurance will be issued/policy signed: \_\_\_\_\_

Other Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_