

Life Quote Request



If you have any questions, please feel free to call BSMG Life Wholesaler at 1-800-343-7772.

Agent: _____ Date: _____

Client/Policy Information:

Insured 1: _____ DOB: _____ Gender: Male Female

Insured 2: _____ DOB: _____ Gender: Male Female

State where application will be signed: _____

Are you in competition? Yes No If yes and known, what is the premium being quoted? _____

Product: Universal Life Survivorship Indexed UL Whole Life Term: _____ (duration)

Carrier: _____ Is this a replacement? Yes No

Face Amount: _____ Premium: _____

Pay to: _____ Guarantees to: _____ 1035 Lump Sum: _____

Mode: Annual Quarterly Semi-annual Monthly

Rider: Waiver of Premium CIR ADB if ADB, amount: _____

Underwriting Class: (refer to section below for further information)

- Preferred Best Non-Tobacco (where available) Preferred Non-Tobacco Standard Non-Tobacco
 Preferred Smoker Standard Smoker Tobacco (Cigar, Pipe or Chew)

Client Health & Lifestyle: Information:

Height: _____ Weight: _____ Cholesterol reading: _____

Do they use, or have they ever used tobacco? Yes No (including nicotine replacement)

If yes, what type, frequency, amount and the last time used? _____

Has the client had speeding tickets, moving violations, and/or had a DUI, license suspension or revocation? yes no

If yes, please answer the following: # of speeding tickets _____ Date of DUI, suspension, or revocation: _____

Has the client travelled internationally or plan to: Yes No If yes, please answer the following below:

Country/city: _____ Visit duration: _____ Purpose: _____

Do they exercise regularly? Yes No If yes, what type and frequency? _____

List current medications, prescribed or over-the-counter: _____

Reason for taking: _____

Date last consulted with a physician? _____ Reason: _____

Do they have any cancer history? Yes No

If yes: Organs involved: _____ Tumor type: _____ Stage/Grade: _____

Do they have diabetes? Yes No

If yes: Type-I Type-II Treatment: _____ Diagnosis date: _____ Latest HgA1c: _____

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