

INSURANCE DESK

Life Insurance Proposal

Date:

Requested By:

Phone:

Fax:

Email:

(Quote will be returned to requester unless otherwise specified.)

Insurance Type:

Term

UL

SUL

Whole

VUL

SVUL

Quote / Illustration Information

Agent Name:

Primary Insured Name:

State:

DOB:

Sex:

Male

Female

Smoker:

No

Yes

Underwriting Class:

Sub-Standard

Standard

Preferred

Preferred Plus

Second Insured Name:

State:

Age:

Sex:

Male

Female

Smoker:

No

Yes

Underwriting Class:

Sub-Standard

Standard

Preferred

Preferred Plus

Client Objective:

Death Benefit

Cash Value

Face Amount:\$

Premium:\$

Annual

Semi-annual

Quarterly

Monthly

Pay Premium to Age/ Years:

1035x \$

Drop In: \$

Cash Value: \$

At Age:

Term Period:

5yrs

10 yrs

15 yrs

20 yrs

25 yrs

30 yrs

Other:

Health History/ Special Instructions/ Medications:

Clicking the submit button will open your default email account. If you do not have an account set up or are not sure, please print out and fax to:

Insurance Desk - Fax toll free to: (866) 557-3375
168 Centre Street · Danvers · MA · 01923

reset

print

submit