

Term Request for Quote

Date: _____

Agent: _____ email/phone: _____

Client name: _____ State: _____

DOB: _____ Smoker: _____ Non-smoker: _____

Spouse Name: _____

DOB: _____ Smoker: _____ Non-smoker: _____

Desired length of Term options (10, 12, and 15-30 yrs.): _____
WCL 2nd to die Term Option: _____

Amount: _____

Rating: _____

Accidental Death Benefit: Yes _____ No _____

Waiver of Premium: Yes _____ No _____

Return of Premium: Yes _____ No _____

Prem. Mode/Amt:(Annual, Semi-Annual, Qrtly, Mo)\$ _____

Health details (i.e. medications, ailments, overall
history): _____

Fax To
The Producers Firm
860-584-8462