

# 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, 15, 20, 30 yrs.): \_\_\_\_\_

Protective Life 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): \_\_\_\_\_

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Fax To  
The Producers Firm  
860-584-8462