

Brokerage Concepts, Inc.  
Quick Quote Form

Please fax completed form to:

(610)878-9614

to the attention of:

Life Brokerage Manager

# BROKERAGE CONCEPTS, INC. - QUOTE FOR ALCOHOL AND DRUG USAGE

INFORMATION GATHERED WILL BE USED IN THE EVALUATION OF THE INSURABILITY OF THE APPLICANT. OFFERS ARE TENTATIVE AND ARE SUBJECT TO VERIFICATION OF THE SUBMITTED MEDICAL EVIDENCE AND OTHER CRITERIA USED IN THE UNDERWRITING OF LIFE INSURANCE.

---

CLIENT: NAME \_\_\_\_\_ / [ ] M [ ] F / DOB \_\_\_\_\_ AGE \_\_\_\_\_ / HT \_\_\_\_\_ WT \_\_\_\_\_ / STATE \_\_\_\_\_

AMNT. REQUESTED \$ \_\_\_\_\_ / MAX. ANNUAL PREMIUM \$ \_\_\_\_\_ / TYPE OF INS. [ ] UL [ ] TERM YRS. LVL \_\_\_\_\_

TOBACCO USE [ ] NO [ ] YES, TYPE \_\_\_\_\_ / REPLACEMENT? [ ] YES [ ] NO / CURRENT ANN. PREM. \$ \_\_\_\_\_

LAST LIFE INSURANCE APP. YEAR \_\_\_\_\_ COMPANY \_\_\_\_\_ ACTION \_\_\_\_\_

OCCUPATION \_\_\_\_\_ / MARITAL STATUS [ ] SINGLE [ ] MARRIED [ ] WIDOWED [ ] DIVORCED

FAMILY HISTORY: AGE, IF STILL LIVING: FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_ SIBLING 1 \_\_\_\_\_ SIBLING 2 \_\_\_\_\_ SIBLING 3 \_\_\_\_\_

IF ANY DECEASED, GIVE RELATION(S), AGE(S) AND CAUSE(S) \_\_\_\_\_

DRIVING RECORD: # OF VIOLATIONS IN PAST 3 YEARS \_\_\_\_\_ / # OF DUI / RECKLESS DRIVING PAST 5 YEARS \_\_\_\_\_

DO YOU EXERCISE 3 OR MORE TIMES PER WEEK [ ] NO [ ] YES, DETAILS \_\_\_\_\_

DATE OF LAST MEDICAL CHECKUP \_\_\_\_\_ / DATE OF LAST EKG \_\_\_\_\_ AND RESULTS \_\_\_\_\_

LAST BLOOD PRESSURE READING (RESULTS) \_\_\_\_\_ / \_\_\_\_\_ / ARE YOU TREATED FOR BLOOD PRESSURE [ ] NO [ ] YES

LAST CHOLESTEROL READING, HDL READING (RESULTS) \_\_\_\_\_, \_\_\_\_\_ TREATED FOR CHOLESTEROL [ ] NO [ ] YES

AGENT: NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

LAI OFFICE ONLY: ENTER OFFICE NAME/LOCATION \_\_\_\_\_ FAX \_\_\_\_\_

---

1. PLEASE NOTE CLIENT'S CONDITION:

[ ] ALCOHOL ABUSE (ANSWER Q'S 2 - 7)

[ ] DRUG ABUSE (ANSWER Q'S 8 - 10)

2. DOES THE CLIENT CURRENTLY CONSUME ANY TYPE OF ALCOHOLIC BEVERAGE?

[ ] NO [ ] YES, HOW OFTEN AND IN WHAT AMOUNTS:

\_\_\_\_\_

3. IS THE CLIENT CURRENTLY A MEMBER OF AA OR A SIMILAR SUPPORT GROUP?

[ ] NO [ ] YES

4. HAS THE CLIENT EVER BEEN HOSPITALIZED, INSTITUTIONALIZED, OR BEEN AN OUTPATIENT IN AN ALCOHOL REHABILITATION PROGRAM?

[ ] NO [ ] YES, DATE OF DISCHARGE: \_\_\_\_\_

5. WITHIN THE LAST 10 YEARS, LIST THE DATE(S) OF DRIVING UNDER THE INFLUENCE (DUI) ARRESTS AND CONVICTIONS OR CHECK NONE [ ]

\_\_\_\_\_

6. RESULTS OF THE MOST RECENT LIVER FUNCTION TESTS:

[ ] NORMAL

[ ] MINIMALLY ELEVATED

[ ] MODERATELY ELEVATED

[ ] ELEVATED

7. IS THE CLIENT PRESENTLY TAKING, OR TAKEN IN THE PAST, ANTABUSE OR ANOTHER MEDICATION TO HELP CONTROL DRINKING?

[ ] NO [ ] YES

8. IS THE CLIENT USING, OR USED IN THE PAST, ANY OF THE FOLLOWING SUBSTANCES OR DRUGS (CHECK BOX AND DETAIL)

[ ] OPIATES/NARCOTICS: HEROIN, CODEINE, MORPHINE, METHODONE, DEMOROL

[ ] BARBITURATES: AMYTAL, PHENOBARBITAL

[ ] NON-BARBITURATES: PLACIDYL, DORIDEN, QUAALUDE

[ ] AMPHETAMINES: BENZEDRINE, DEXEDRINE

[ ] METHAMPHETAMINE: COCAINE, CRACK, ICE

[ ] HALLUCINOGENS: LSD, PEYOTE, PSILOCYBIN, ECSTASY

[ ] MARIJUANA

[ ] OTHER: \_\_\_\_\_

DETAIL DATE LAST USED, AMOUNT, FREQUENCY: \_\_\_\_\_

\_\_\_\_\_

9. HAS THE CLIENT EVER BEEN TREATED FOR SUBSTANCE ABUSE?

[ ] NO [ ] YES, DETAIL DATE(S), PLACE(S):

\_\_\_\_\_

10. HAS THE CLIENT EVER BEEN ARRESTED FOR POSSESSION, USE, DISTRIBUTION OF, OR SALE OF AN ILLEGAL SUBSTANCE?

[ ] NO [ ] YES, DETAIL DATE(S), PLACE(S):

\_\_\_\_\_

11. LIST ANY OTHER ILLNESSES OR IMPAIRMENTS, ALONG WITH ALL MEDS AND VITAMINS TAKEN, INCLUDE DOSAGE AND FREQUENCY:

\_\_\_\_\_

\_\_\_\_\_