

Brokerage Concepts, Inc.  
Quick Quote Form

Please fax completed form to:

(610)878-9614

to the attention of:

Life Brokerage Manager

# BROKERAGE CONCEPTS, INC. - QUICK QUOTE FOR BUILD

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. DETAIL THE CLIENT'S MEDICAL HISTORY (CHECK ALL THAT APPLY):

[ ] CANCER HISTORY  
[ ] HEART HISTORY/CONDITION  
[ ] DIABETES HISTORY  
[ ] ALCOHOL OR DRUG ABUSE HISTORY  
[ ] HIGH BLOOD PRESSURE, PLEASE DETAIL:

CURRENT READING \_\_\_\_\_

HIGHEST READING AND DATE \_\_\_\_\_

TYPE OF TREATMENT \_\_\_\_\_

[ ] ELEVATED CHOLESTEROL HISTORY, PLEASE DETAIL:

CURRENT READING \_\_\_\_\_

HDL READING OR RATIO \_\_\_\_\_

HIGHEST CHOL. READING \_\_\_\_\_

TYPE OF TREATMENT \_\_\_\_\_

[ ] ELECTROCARDIOGRAM (EKG), IF TAKEN WITHIN PAST YEAR:

RESULTS: [ ] NORMAL [ ] OTHER \_\_\_\_\_

[ ] STRESS EKG OR THALLIUM, IF TAKEN WITHIN PAST YEAR:

RESULTS: [ ] NORMAL [ ] OTHER \_\_\_\_\_

[ ] SIGMOIDOSCOPY, IF TAKEN WITHIN PAST YEAR:

RESULTS: [ ] NORMAL [ ] OTHER \_\_\_\_\_

[ ] PROSTATE EXAM, IF TAKEN WITHIN THE PAST YEAR:

RESULTS: [ ] NORMAL [ ] OTHER \_\_\_\_\_

[ ] MAMMOGRAM, IF TAKEN WITHIN THE PAST YEAR:

RESULTS: [ ] NORMAL [ ] OTHER \_\_\_\_\_

2. HEIGHT \_\_\_\_\_ / WEIGHT \_\_\_\_\_

WEIGHT LOSS IN LAST YEAR \_\_\_\_\_

LAST MEASURED BODY FAT % \_\_\_\_\_ DATE \_\_\_\_\_

MEN ONLY: CHEST SIZE \_\_\_\_\_ INCHES

WAIST SIZE \_\_\_\_\_ INCHES

3. HAS THE CLIENT HAD A STANDARD MEDICAL CHECKUP WITHIN THE PAST YEAR?

[ ] NO [ ] YES, PLEASE DETAIL RESULTS:

[ ] NORMAL [ ] OTHER \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_