

LIFE
INSURANCE
QUOTE REQUEST

Complete the following information if you would like to obtain a quote on Life Insurance. Please understand this is not an application for insurance. An application will be sent to you if coverage is desired.

All information provided on this information sheet is confidential and will be used solely for the purpose of developing a quote for you.

PERSONAL INFORMATION

1. **Name:**

2. **Address:**

City: _____ State: _____ Zip: _____
3. **Phone:** _____ **Fax #:** _____
E Mail: _____

QUOTE INFORMATION

1. **What Benefit Amount do you want?**
Select: \$ _____ \$ _____ \$ _____
2. **What is your purpose for buying Life Insurance Protection?**
Select: _____
3. **What is your birth date?** _____
4. **What is gender?** Male Female
5. **What is height?** _____ **What is your weight?** _____
6. **Do you smoke or use tobacco?** Yes No
7. **Have you ever been treated for cancer, diabetes, or cardiovascular disorders in your life?**
 Yes No **If Yes, please describe:** _____

8. **Have parents or siblings been treated for cancer, diabetes, or cardiovascular disorders prior to Age 60?** Yes No
If Yes, please describe: _____
9. **Are you taking medications, and if so, what are they?** Yes No

10. **Are there any health problems that you think would impact the rate? Explain:**

11. **Have you had 2 or more moving violations in the last two (2) years or any DUI's in the last 5 years?**
Describe: _____





12. What is the amount of Current Life Insurance?

\$ _____

13. What are your current Life Insurance Companies?

- _____
- _____
- _____

14. What is your current monthly premium? \$ _____

15. Type of Life Insurance you would like quoted?

Select: TERM LIFE WHOLE LIFE VARIABLE LIFE UNIVERSAL LIFE
 SECOND TO DIE QUOTE OTHER: _____

Benefit Amount / Limit Desired? \$ _____

Term / Length Insurance is requested (years)? # _____

Are there any Questions or Comments? :

Please let us know the best time to call and discuss your quote:

Morning Afternoon Evening Anytime Other: _____

NOTICE OF INSURANCE PRACTICES:

Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or the agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request corrections of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent/broker for instructions on how to submit a request to us.

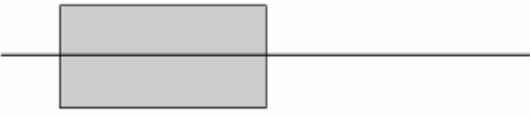
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Signature _____
Date

STATE LICENSED AGENT
F. DARRELL LINDSEY – ALL STATES
P. O. Box 526357
Salt Lake City, UT 84152-6357
PH: 866-937-7037
FX: 866-937-7010
E-Mail: fdl@LLLinsuranceservices.com

California Office License No#: 0F37860 - LLL Insurance Services of Calif.

Form: FDL-LLL – 184 – 02/05/2008



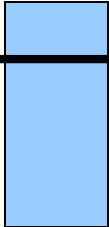
INSURANCE APPLICATION

**FAX
BACK
COVER
SHEET**

TO: 866-937-7010

FROM: _____

Phone: _____
FAX: _____
E-Mail: _____



TO: F. Darrell Lindsey

Phone: 866-937-7037

FAX: 866-937-7010

E-Mail: fdl@LLLinsuranceservices.com



Comments: _____



F. Darrell Lindsey / State Licensed Agent/Producer
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