

Quick Quote Details

Please complete the following questions in order to get an accurate, tentative quote on the health class you could qualify for!

- Date of Birth:
- Desired Amount?
- Term Length?
- Build (Height & Weight)?
- Any history of tobacco use?

If yes, please provide details:

- High blood pressure?
- Cholesterol issues/treatment?
- Diabetes?

Average reading?

Typical results?

If yes, treatment details & average A1c?

- Any cancer or heart issues?

If yes, details:

- Any medication?

If yes, details:

- Family history (parent/sibling) of cancer, heart disease, stroke deaths prior to age 60?

If yes, please provide details:

- Any other health issues?

If yes, please provide details:

- Any speeding tickets/accidents in the past 3 years?

If yes, details:

- Any planned travel outside the US/Canada in the next 2 years?

If yes, details:

- Will this replace any in force/existing coverage?

LEAD BROKERAGE, LLC