

Source Brokerage, Inc.

“Time Saver” Quote Request Sheet

Fax to (317)803-3370 or (800)856-3494

Please photocopy as needed.

Date: ____ / ____ / ____

Requested by: _____

State Of Issue _____

Fax or E-Mail: _____

1st Insured: First _____ Last _____

2nd Insured: First _____ Last _____

	1st Insured	2nd Insured
Sex:	M F	M F
Age-Nearest or Date of Birth	Age ____ or ____/____/____	Age ____ or ____/____/____
Tobacco/Nicotine use in the past 3 years?	Y N	Y N
If “Yes”, what kind?	Cigarettes Cigar Pipe Chews	Cigarettes Cigar Pipe Chews
Last time used?	____/____/____	____/____/____
Rate Class	Super Pref Pref Std	Super Pref Pref Std
Family History: Have any parents or siblings died prior to age 60 of heart disease or cancer? If Yes, give details	_____ _____	_____ _____
Is the proposed insured a private pilot? If so, is he/she instrument flight rated? Give number of solo hours, and estimate number of hours flown in past 12 months and upcoming 12 months.	Yes No _____ _____	Yes No _____ _____
List all medications	_____	_____
List height and weight	Ht _____ Wt _____	Ht _____ Wt _____
Term Plan Type?	5 10 15 20 25 30 All	5 10 15 20 25 30 All
Illustration Format	Specific Company _____ or ____ Do a Spreadsheet	Specific Company _____ or ____ Do a Spreadsheet
Amount(s) of coverage:	\$ _____ \$ _____	\$ _____ \$ _____

Other health history that could affect underwriting, or illustration requests:

1st Insured: _____

2nd Insured: _____