



## Critical Insurance Quote Request

### **Agent Information**

1. Agent Name
2. Phone number
3. Email

### **Client Information (basic)**

1. What is your client's name?
2. What is your client's gender?
  - male
  - female
3. What is your client's resident State?
4. What is your client's date of birth?

### **Client Information (health history)**

1. What is your client's build?
  - height
  - weight
2. Has your client used any tobacco products within the past 12 months?
  - yes
  - no
3. What Rate Class should this client have quoted?
  - Standard
  - Table Rated
4. Has your client's parents or siblings been diagnosed with a critical illness?
  - What was the diagnosis?
  - How old were they at diagnosis?
5. Please list any health conditions, medications, dosages and/or hospitalizations during the past 10 years:

**Client Information (occupation)**

1. What is your client’s employment status?
  - W2 Employee
  - Self Employed
2. What is your client’s occupation?
3. What is your client’s annual income?
  - W2 Employee gross income
  - Self employed net income

**Illustration Design**

1. What Face Amount Benefit(s) do you want quoted for your client?
  - Face amount
2. What is your client’s monthly rent or mortgage payment?
3. Approximately how much debt does your client have?
4. How much money does your client put into their Retirement Plan per year?
5. Would you also like to have a Life or Disability Insurance quote for this client?
  - yes
  - no
6. If so, what would you like to see quoted:

Other Comments:

You’re almost done! Once you have answered the required questions above, click the “Continue” link to send us your quote request.

**CONTINUE**