

SUESS INSURANCE AGENCY
(831) 464-7330 (831) 464-7332 FAX

REQUEST FOR LIFE INSURANCE QUOTE

NAME: _____

ADDRESS: _____

PHONE : _____

EMAIL: _____

DATE OF BIRTH: _____ MALE OR FEMALE: _____

SMOKER OR NON-SMOKER? _____

AMOUNT OF INSURANCE: ___\$1,000,000 ___\$750,000 ___\$500,000
___\$250,000 ___\$100,000 ___ OTHER \$ _____

TYPE OF POLICY: ___10 YEAR TERM ___15 YEAR TERM ___20 YEAR TERM
___30 YEAR TERM ___WHOLE LIFE: ___UNIVERSAL LIFE
___OTHER: _____

ARE YOU IN GOOD HEALTH? _____ ARE YOU TAKING ANY MEDICATIONS? _____

ANY FAMILY HISTORY OF CANCER, HEART, DISEASE, DIABETES, OTHER SERIOUS ILLNESS?

NO: _____

IF YES, PLEASE EXPLAIN: _____

DO HAVE ANY LIFE INSURANCE NOW? _____