



Lumbermens Life Agency  
Phone: 1-800-752-0074

**Email to:**  
**E-mail: homeoff@llainc.com**

Fax: 1-866-248-0201

# Fast-Quote Request

## Proposed Life Client Information:

1. Name \_\_\_\_\_ Application \_\_\_\_\_ State \_\_\_\_\_

Male/Female \_\_\_\_\_ Date of Birth/Age \_\_\_\_\_

2. Height \_\_\_\_\_ Weight \_\_\_\_\_

3. ANY tobacco usage (Please explain below)?  
Never \_\_\_\_\_ Current Tobacco User \_\_\_\_\_  
Type and amount? \_\_\_\_\_  
None in 12 mos \_\_\_ 24 mos \_\_\_ 36mos \_\_\_ 60 mos \_\_\_

4. Any family history of cancer or cardiovascular disease prior to age 60 of parents or siblings? (please list relationship, diagnosis age at onset, & age at death)  
\_\_\_\_\_  
\_\_\_\_\_

5. Any medications and what for? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Any medical condition in the last "10 years" such as heart condition, diabetes, cancer, anxiety/depression, sleep apnea, alcohol/drug treatment, high cholesterol or blood pressure? Explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Any DUI or reckless driving conviction(s)? \_\_\_\_\_  
If so, when? \_\_\_\_\_


8. Any intended travel outside the US in the next 24 months? If so, where, when and for how long?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Is the Proposed Insured a US Citizen: Yes \_\_\_ No \_\_\_

10. If not, is the Proposed Insured a permanent resident of the US? Yes \_\_\_ No \_\_\_

Select Desired Companies

- Assurity
- American General
- Banner Life
- Lincoln Financial
- Principal Financial
- Protective Life
- Prudential Financial
- United of Omaha
- Most competitive



**Introducing OPterm**  
**35 and 40**

Legal & General America is revolutionizing the term insurance marketplace as the only carrier to offer level premium coverage for up to 40 years!

### Illustration Specifications:

Face Amount: \$ \_\_\_\_\_  
Face Amount: \$ \_\_\_\_\_  
Premium Mode \_\_\_\_\_ Rate Class \_\_\_\_\_

**Term Insurance**

Duration:  10  15  20  25  30  35  40

*(Please check all desired durations)*

⇒ Return of Premium Term: \_\_\_ Yes \_\_\_ No  
⇒ Waiver of Premium: \_\_\_ Yes \_\_\_ No  
⇒ Child Rider: \_\_\_ Yes \_\_\_ No

**Guaranteed Universal Life Insurance**

Guaranteed to age:  95  100  105  110  121

*(Please check all desired durations)*

⇒ Extended Care (Chronic Illness) Rider \_\_\_ Yes \_\_\_ No

**Whole Life Insurance**

Guaranteed to age:  121

*(Please check for a Whole Life quote)*

Dividend option:  
\_\_\_ Paid up additions  
\_\_\_ Accumulate at interest  
\_\_\_ Paid in cash

**Final Expense Whole Life Insurance (no exam)**

Guaranteed to age:  120

*(Please check for a final expense quote)*

\*\*\*\$2,000 to \$40,000 face amount whole life\*\*\*



**Agent Name** \_\_\_\_\_ **Return by FAX/E-mail** \_\_\_\_\_

**Fax or email the facts today!**

This information is requested only to assist us in providing you an accurate quote.  
Filling out this form does not constitute an application for insurance.