

LIFE INSURANCE QUOTE REQUEST

Client's Name: _____

Date of Birth: _____

Tobacco: Non-Tobacco Tobacco

If tobacco, what kind? _____

Height: _____ Weight: _____

Male Female

RETURN TO:

Individual Life/Disability Department
Phone: 800-775-8858, option 1, then option 2
Fax: 515-286-4214

Iowa Bankers Insurance & Services, Inc
PO Box 6210
Johnston, IA 50131

Insurance Type:

TERM 10 15 20 25 30 35 40 years ROP

Death Benefit Desired \$ _____ \$ _____

UNIVERSAL

Death Benefit Desired \$ _____ \$ _____

WHOLE LIFE Level Pay 10 Pay 20 Pay Pay to age 65 SPWL

Death Benefit Desired \$ _____ \$ _____

Riders:

Waiver of Premium

Children's Term Rider

Accidental Death

Health issues? If so, how long have you had the condition?

Medications? List meds and dosage information:

Negative Family Health History: Condition and age at onset/death before age 60? (Parents and siblings)

Moving Violations/Speeding Tickets? (List all in past 3 years)

Vocations or Hobbies? (scuba diving, flying, race car driver) _____

Agent Name: _____ Date: _____

Phone: _____

E-mail or Fax: _____

Bank/Agency City: _____

