

Life Insurance Proposal Request



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Broker's Name:	Broker's Phone:	Broker's Fax:
Broker's Email:	Return Quote by: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	Date Needed:

Preferred Company?:			
Applicant's Name:			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		DOB: (m/d/yy)	Tobacco/Nicotine: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Type: _____
Height:	Weight:	Avocation(s):	State Written:
Benefit Amount:		Any Riders:	ROP: <input type="checkbox"/> Yes <input type="checkbox"/> No
Term: <input type="checkbox"/> 10yr. <input type="checkbox"/> 15yr. <input type="checkbox"/> 20yr. <input type="checkbox"/> 30yr. <input type="checkbox"/> 35yr. <input type="checkbox"/> Other		Permanent(solve for): <input type="checkbox"/> Cash Value:____ <input type="checkbox"/> No Lapse <input type="checkbox"/> Endow	
Class: <input type="checkbox"/> Preferred Plus <input type="checkbox"/> Preferred <input type="checkbox"/> Standard Plus <input type="checkbox"/> Standard			Rated: _____%
Health History:			

*If you need more room please attach a separate sheet.

Primary Proposed Insured	Age if Living	Age at Death	Cardiac Conditions or Heart Disease?	Cancer History?	Type
Father			<input type="checkbox"/> No <input type="checkbox"/> Yes, age of onset _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, age of onset _____ If Yes, date of onset _____	
Mother			<input type="checkbox"/> No <input type="checkbox"/> Yes, age of onset _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, age of onset _____ If Yes, date of onset _____	
Siblings			<input type="checkbox"/> No <input type="checkbox"/> Yes, age of onset _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, age of onset _____ If Yes, date of onset _____	