

4800 Sugar Creek Blvd Suite 350 Stafford, Texas 77477 Voice 713.977.0611 Fax 800.759.4940 www.affiliatedmarketing.com

## **Life Quote Request Form**

Client Information	
First Name:	
Last Name:	
E-mail:	
Home Phone Number:	
Cell Phone Number:	
Fax Number:	
Preferred contact method	O Phone O Fax O Mail O E-mail
If by phone, the best time to call.	O AM O PM
Address:	
City:	
State:	
Zip code:	
Occupation:	
Date of birth:	
Sex:	
Height:	
Weight:	
Are you a citizen of the United States?	○ Yes ○ No
Have you lived outside the United States during the last 3 years?	○ Yes ○ No
Do you plan to leave the United States for travel or residence during the next 3 years?	○ Yes ○ No

Do you fly as a pilot, co-pilot or crewmember of an aircraft?  Are you an active member of the military or military reserve?  Have you received three or more moving violations or had your driver's license suspended/revoked in the past 5 years?  Have you been found guilty of reckless driving or driving under the influence (DUI/DWI)?  When was the last time that you used any type of tobacco product or nicotine substitute?  Is there any family history of cardiovascular disease before the age of 60?  Have you had any health symptoms or been treated for any of the conditions listed below?  (If Yes, please check those below which apply)  Alzheimer's	Please list the foreign co planning to visit / reside:		ries that you are						
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Have you received three or more moving violations or had your driver's license suspended/revoked in the past 5 years?  When was the last time that you used any type of tobacco product or nicotine substitute?  Is there any family history of cardiovascular disease before the age of 60?  Have you bad any health symptoms or been treated for any of the conditions listed below?  (If Yes, please check those below which apply)  AlDS & AIDS related   Epilepsy   Liver disease   Psychiatric disorders   Lupus   Rheumatoid arthritis   Alzheimer's   Heart Disease/ Bypass Surgery   Lymphoma   Seizure disorders   Alzheimer's   Hilly blood pressure   Manic depression   Spinal disc disorders   Breast cancer   HIV   Melanoma   Stroke   Substance abuse   COPD   Joint replacement   Muscular dystrophy   TIA   Diabetes   Ridge standard shere:  Coverage amount?	Are you an active member of the			O Yes O No					
Have you been found guilty of reckless driving or driving under the influence (DUI/DWI)?  When was the last time that you used any type of tobacco product or nicotine substitute?  Is there any family history of cardiovascular disease before the age of 60?  Have you had any health symptoms or been treated for any of the conditions listed below?  (If Yes, please check those below which apply)  AIDS & AIDS related	Have you received three or more moving violations or had your driver's license suspended/revoked in			_					
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Alzoholism   Fatigue disorders   Lupus   Rheumatoid arthritis   Alzheimer's   Heart Disease/ Bypass Surgery   Lymphoma   Seizure disorders   Asthma   High blood pressure   Manic depression   Spinal disc disorders   Spinal disc disorders   Melanoma   Stroke   Chronic bronchitis   Infertility   Multiple sclerosis   Substance abuse   COPD   Joint replacement   Muscular dystrophy   TIA   Diabetes   Kidney stones   Diabetes   Viderative colitis   Peripheral vascular disease   Uterine disorders   Tiyes, specify cancer details here:    Coverage amount?   Coverage amount?	for any of the conditions	list	ed below?	0	Yes O No				
Alzheimer's Heart Disease/ Bypass Surgery Lymphoma Seizure disorders  Asthma High blood pressure Manic depression Spinal disc disorders  Breast cancer HIV Melanoma Stroke  Chronic bronchitis Infertility Multiple sclerosis Substance abuse  COPD Joint replacement Muscular dystrophy TIA  Diabetes Kidney stones Deripheral vascular disease Utlerine disorders  Do you have cancer? Yes No  If yes, specify cancer details here:	AIDS & AIDS related		Epilepsy		Liver disease		Psychiatric disorders		
Asthma	Alcoholism		Fatigue disorders		Lupus		Rheumatoid arthritis		
Breast cancer	Alzheimer's		Heart Disease/ Bypass Surgery		Lymphoma		Seizure disorders		
Chronic bronchitis   Infertility   Multiple sclerosis   Substance abuse	Asthma		High blood pressure		Manic depression		Spinal disc disorders		
COPD Joint replacement Muscular dystrophy TIA  Diabetes Kidney stones Diabetes Peripheral vascular disease Uterine disorders  Do you have cancer? Yes No  If yes, specify cancer details here:  Coverage amount?	Breast cancer		HIV		Melanoma		Stroke		
Diabetes	Chronic bronchitis		Infertility		Multiple sclerosis		Substance abuse		
Diabetes   Midney stories   Didisorders   Dicerative collis     Emphysema   Leukemia   Peripheral vascular disease   Uterine disorders     Do you have cancer?   O Yes O No     If yes, specify cancer details here:     Please list all medications your currently take:     Coverage amount?   Coverage amount?	COPD		Joint replacement		Muscular dystrophy		TIA		
Do you have cancer?  O Yes O No  If yes, specify cancer details here:  Please list all medications your currently take:  Coverage amount?	Diabetes		Kidney stones				Ulcerative colitis		
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Please list all medications your currently take:  Coverage amount?	Do you have cancer?		0 \	′es ○ No					
Coverage amount?	If yes, specify cancer de	tails	s here:						
Coverage amount?									
Coverage amount?	Please list all medications your currently take:								
			,						
Desired term period?	Coverage amount?								
	Desired term period?								