

# INSTANT UNIVERSAL LIFE /TERM INSURANCE QUOTES

Please answer **ALL** of the following questions in order to process your request.

## AGENT INFORMATION

Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## CLIENT INFORMATION

State: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Tobacco Use: \_\_\_\_\_ Insurance Amount: \_\_\_\_\_ Health Class: \_\_\_\_\_

UL  TERM

## CLIENT QUESTIONS

1. Have you ever been treated for any of the following: Cancer, High Blood Pressure, Diabetes or Heart Disease?  Yes  No

2. Have any of your immediate family members (Parents or siblings) had: Cancer, Heart disease, stroke or an aneurism prior to the age of 60?  Yes  No

3. In the past three years, have you been convicted of a DUI, or had a driver's license suspended/revoked?  Yes  No

4. Cholesterol readings, if known? \_\_\_\_\_



**SAFE HARBOR FINANCIAL, INC.**

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**800-422-0557**

[www.safeharborfinancial.com](http://www.safeharborfinancial.com)

**PLEASE email or fax this form to request your life insurance illustration.**

Preferred method of response: E-Mailed  Faxed  Call me with Quote   
(Not all quotes can be e-mailed! If they cannot they will be faxed.)

**Feel Free to contact Paul Cantone at 800-422-0557 with any questions!**

**You can also visit us on our website at [www.safeharborfinancial.com](http://www.safeharborfinancial.com)**