

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 drivers license suspended/revoked? Yes No

4. Cholesterol readings, if known? _____



SAFE HARBOR FINANCIAL, INC.

2200 Benjamin Franklin Pkwy, 105N • Philadelphia, PA 19130

800-422-0557

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