QUILITY WHOLESALE - LIFE INSURANCE QUOTE REQUEST

Agent Name:

Client Name: Date of Birth:

Gender: ☐ Male ☐ Female Height: Weight:

Nicotine usage (Cigarette, Cigar, Vape, e-Cig, Gum, Patch, Chew, etc.):

☐ Never
☐ Former Date Stopped:
☐ Current Type:

Coverage Information:

Type: ☐ Term ☐ UL ☐ IUL
☐ WL ☐ VUL ☐ Survivorship

Face Amount:

Marijuana usage? ☐ No ☐ Yes If so, how often and type? (Smoke, Vape, Edible, Tincture):

Have you previously been declined for life insurance? ☐ No ☐ Yes

Carrier and reason for decline?

U.S. Citizen? ☐ No ☐ Yes If no, please explain?

Actively working? ☐ No ☐ Yes If no, please explain?

Are you receiving Worker's Compensation/Disability? ☐ No ☐ Yes

Reason for disability?

Type of disability income?

Any parent or sibling diagnosed with or deceased due to coronary artery disease, cerebral vascular disease, cancer, or diabetes before the age of 70? If yes, please provide details including relation, age of diagnosis or age at death, and health condition(s) or cause of death:

In the last five years, has the client had any moving violations, reckless driving, or DUI/DWI? If yes, please give details/dates:

Any prior convictions? If so, please give details/dates:

Does the client participate in any dangerous activities/avocations (pilot, scuba diving, racing, skydiving, etc.)? If yes, please give details/certifications:

Is the client confirmed to travel to any foreign country in the next year (excluding Canada), meaning travel is booked/paid? If yes, please give details:

Please list all prescription medications prescribed and/or taken over the past 12 months:

Medication	Dosage	Currently Taking?	How Long?	Reason

Have you ever been diagnosed by a licensed physician as having any of the following conditions?

Asthma ☐ No ☐ Yes

1. Frequency of attacked or hospitalizations?
2. Any oral steroids including inhalers that are steroidal?
3. Smoker?
4. Stable pulmonary function tests?
5. Any diagnosis of COPD or emphysema?

Cancer ☐ No ☐ Yes

1. Type of cancer?
2. What stage of cancer, 1-4?
3. When diagnosed?
4. Kind of treatment and date of last treatment?
5. PSA for prostate cancer?
6. If melanoma, need clark level and depth of invasion?

COPD/Emphysema ☐ No ☐ Yes

1. Date diagnosed?
2. Does client smoke?
3. Stable pulmonary function tests?
4. Any hospitalizations?
5. Any limitations or shortness of breath?
6. Any oxygen use or daily steroid use?
7. What medications, inhalers, or nebulizer?

Diabetes ☐ No ☐ Yes

1. When diagnosed?
2. Type I or II?
3. Control, last A1C?
4. Any diabetic complications? Neuropathy, retinopathy, nephropathy or circulatory problems?
5. Insulin use? If so, when started?
6. Medications?

Heart Disease ☐ No ☐ Yes

1. Date diagnosed
2 Any congestive heart failure, atrial fibrillation, heart attack chest pain?
3. Any heart surgeries, bypass, stents, angioplasty, pacemaker, or valve replacement?
4. Medications?
5. Client having regular follow-ups and/or testing?
6. Last seen and test results?

Stroke/TIA ☐ No ☐ Yes

1. Date diagnosed?
2. Stroke or TIA?
3. Any residuals, such as numbness, weakness, pain, slurred speech or visual impairment?
4. Any limitations that require cane or assistance?
5. Any cognitive abnormalities?

Sleep Apnea ☐ No ☐ Yes

1. Date diagnosed?
2. Considered mild, moderate or severe?
3. Client use CPAP/BiPAP?
4. Is CPAP/BiPAP hooked up to oxygen?
5. Any other treatment?
6. Stable pulmonary funtion tests?

Crohn's Disease ☐ No ☐ Yes

1. When Diagnosed?
2. What treatment or meds is the client using?
3. How frequent are flare ups?
4. Weight stable?

Mood Disorder ☐ No ☐ Yes

1. When Diagnosed?
2. Diagnosis: Anxiety Disorder, Depression, Bipolar, PTSD, Psychotic Disorder
3. If depresssion, considered situational, mild, moderate, major?
4. Additional Details:

Please email/fax completed form to J.R. Zufelt.

Email: jr.zufelt@quility.com

Fax: (208) 963-5999