

IPG REQUEST FOR INSURANCE QUOTE (PART I)

Fax to 800.496.3717

Date Quote Needed:

Date of Request:

Portable form can be used for multiple quotes on one client.

CLIENT INFORMATION:	Client No.1	Client No.2
Name		
Sex		
Date of Birth		
Height/Weight		
Marital Status		
Tobacco Use: Yes/No Type of Tobacco Used Date Stopped?		
Resident State		
State Written		
Health Issues (describe) When diagnosed Previous and current treatment		
Medications and Reason:		
Surgeries (past 10 year):		
Parent or sibling death prior to 60 due to heart/cancer? Y/N		

AGENT INFORMATION:	Competing for Case?
Full Name:	Comments:
Address:	
Contact Information (circle preferred contact method): e-mail:	Lifestage Key: Age 20-40: Term and Disability Age 40-60: Term/Permanent Combo LTC, Guaranteed UL (Lifetime Term) Age 60+: Asset-Based LTC
Business Phone:	
Cell Phone:	
Fax:	
Home Phone:	

IPG REQUEST FOR INSURANCE QUOTE (PART 2)

Client 1:
Date of Request:

Client 2:
Date Quote Needed:

Agent Name:

TERM LIFE QUOTE		PERMANENT LIFE QUOTE	
Insurance Amount: \$ _____		Insurance Amount: \$ _____	
Payment Mode: A / S / Q / M Flat Extra: \$ _____ No. of Years _____		Payment Mode: A / S / Q / M	_____ 1035 Exchange _____ Lump Sum
Carrier/Product (circle one): All or Customize (specify company):		Primary Objective (circle): Death Benefit Cash Accumulation Guarantees Low Premium	Riders (circle): Accidental Death Benefit Waiver of Premium Child Rider Table Ratings (if any)
Desired Term (circle one): Guaranteed Only Guaranteed & Non-Guaranteed			
Desired Length of Term (circle # of years): ART 5 10 15 20 25 30 Lifetime Term (Guaranteed UL)		Specified Carrier (if any):	
Riders (circle all that apply): Accidental Death Benefit Waiver of Premium Return of Premium CR Units Table Ratings (if any)		Policy Type (circle): Whole Life – Single Premium Whole Life – Full Pay UL/Survivor UL VUL/SVUL Guaranteed UL (“Lifetime Term”)	Suspend Pay at Following: Cash Value \$ _____ Age _____ Years _____

LONG-TERM CARE QUOTE See “How do I set up a LTC policy” pg. 30		DISABILITY INSURANCE QUOTE See “How do I set up a DI policy” pg. 8	
Daily Benefit Desired: \$ _____ or specify approx. annual prem. \$ _____		Monthly Benefit Desired: \$ _____ or _____ Max Available	
Payment Mode: A / S / Q / M		Payment Mode: A / S / Q / M	Who will pay for this coverage? _____ Individual _____ Employer
Policy Benefits: (circle all that apply): Elim. Period: 0 30 60 90 100 180 days Benefit Period: 1 2 3 4 5 6 7 8 years Inflation: Compound Simple FPO None Home Health Care: 0% 50% 70% 100% HHC Indemnity: Y/N HHC Waiver Elim. Period: Y/N		Occupation:	
		Annual Income:	
		Self-Employed?	Comments/Additional Info:
Specific Job Duties:			
		Type of Coverage Desired: _____ Individual Coverage _____ Bus. Overhead Expenses _____ Bus. DI Buy-Out Insurance	Any existing individual or group coverage? If yes, describe:
Pre-Payment Options: 10 pay Single Pay to 65 Return of Premium: Y/N Business Owner: Y/N		Elimination Period: 30 60 90 180 365 730 days	
		Benefit Period (circle one): 2 year 5 year Age 65	