BackNine Insurance

QUICK QUOTE FOR BUILD

Information gathered will be used in the evaluation of the applicant's insurability. Offers are tentative subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance.

CLIENT: NAME _____ / ❑ M ❑ F / DOB _____ AGE _____ / HT _____ WT _____ / STATE _____

AMT. REQUESTED $ _____ / MAX. ANNUAL PREMIUM $ _____ / TYPE OF INS. ❑ UL ❑ TERM YRS. LVL _____

TOBACCO USE ❑ NO ❑ YES, TYPE _____ / REPLACEMENT? ❑ YES ❑ NO / CURRENT ANN. PREM. $ _____

LAST LIFE INSURANCE APP. YEAR _____ COMPANY _____ ACTION _____

OCCUPATION _____ / MARITAL STATUS ❑ SINGLE ❑ MARRIED ❑ WIDOWED ❑ DIVORCED

DO YOU EXERCISE 3 OR MORE TIMES PER WEEK ❑ NO ❑ YES, DETAILS _____

DATE OF LAST MEDICAL CHECKUP _____ / DATE OF LAST EKG _____ AND RESULTS _____

LAST BLOOD PRESSURE READING (RESULTS) _____/_____ / ARE YOU TREATED FOR BLOOD PRESSURE ❑ NO ❑ YES

LAST CHOLESTEROL READING, HDL READING (RESULTS) _____, _____ TREATED FOR CHOLESTEROL ❑ NO ❑ YES

AGENT: NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

1. DETAIL THE CLIENT'S MEDICAL HISTORY (CHECK ALL THAT APPLY):
❑ CANCER HISTORY
❑ HEART HISTORY/CONDITION
❑ DIABETES HISTORY
❑ ALCOHOL OR DRUG ABUSE HISTORY
❑ HIGH BLOOD PRESSURE, PLEASE DETAIL:

CURRENT READING _____

HIGHEST READING AND DATE _____

TYPE OF TREATMENT _____

❑ ELEVATED CHOLESTEROL HISTORY, PLEASE DETAIL:

CURRENT READING _____

HDL READING OR RATIO _____

HIGHEST CHOL. READING _____

TYPE OF TREATMENT _____

2. HEIGHT _____ / WEIGHT _____

WEIGHT LOSS IN LAST YEAR _____

LAST MEASURED BODY FAT % _____ DATE _____

MEN ONLY: CHEST SIZE _____ INCHES

WAIST SIZE _____ INCHES

3. HAS THE CLIENT HAD A STANDARD MEDICAL CHECKUP WITHIN THE PAST YEAR?
❑ NO ❑ YES, PLEASE DETAIL RESULTS:

❑ NORMAL ❑ OTHER _____

_____

4. LIST ANY OTHER ILLNESSES OR IMPAIRMENTS (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY), ALONG WITH ALL MEDS AND VITAMINS TAKEN, INCLUDE DOSAGE AND FREQUENCY:

_____

_____

_____