

# Level Four Insurance Services

## “Sell-It-Once” Term Life

Phone: 214-969-1888

FAX: 214-969-1919

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ADVISOR INFORMATION** *Please answer the following questions.*

Advisor Name:	LevelFourInsuranceServices			
Address:				Fax: ( )
City:	State:	ZIP:	E-Mail:	
Date of Appointment: / /	In what State will Application be signed?			

**CLIENT INFORMATION**

Client Name: \_\_\_\_\_ Sex: \_\_\_\_ Date of Birth: \_\_\_\_\_ Age last: \_\_\_\_\_ Age nearest: \_\_\_\_\_

Current Tobacco Usage:  Non-Tobacco  Cigarettes  Other Tobacco \_\_\_\_\_ How often? \_\_\_\_\_

Past Tobacco Usage:  None  Cigarettes  Other Tobacco \_\_\_\_\_ Months since last tobacco usage: \_\_\_\_\_

Types of medication taken and purpose of medication: \_\_\_\_\_

Amount: \_\_\_\_\_ Dosage and Frequency: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Cholesterol: \_\_\_\_\_ HDL Ratio: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Father's age \_\_\_\_\_  Living  Deceased Cause of death:  Heart Disease  Cancer  Other \_\_\_\_\_

Mother's age \_\_\_\_\_  Living  Deceased Cause of death:  Heart Disease  Cancer  Other \_\_\_\_\_

Hazardous Activities?  PILOT  SCUBA  SKYDIVING  RACING  OTHER **PUT DETAILS IN ADDITIONAL NOTES**

Other Impairments (e.g. Diabetes, Cancer, Hypertension, etc.)?  Yes  No **PUT DETAILS IN ADDITIONAL NOTES**

Is this a replacement case?  Yes  No If YES, what was the previous underwriting class? \_\_\_\_\_ When was case replaced? \_\_\_\_\_

**Based upon this information, the preliminary risk classification to be quoted will be:** \_\_\_\_\_

Is Client  Primary Insured or  Second Insured for:  Survivorship Plan  Term  UL/Whole Life

**TERM LIFE** *Please complete this information.*

FACE AMOUNT(S): \_\_\_\_\_

ART 5 10 15 20 30 Illustrate Guaranteed Rates Only?  Yes  No

Is this insurance:  Personal  Business

Can we quote the client's:  Spouse  Business Partner

Premium Mode:  Annually  Semi-Annually  Quarterly  Monthly (PAC)

Riders:  Waiver of Premium  Accidental Death  Child Term Rider, \$ \_\_\_\_\_  Spouse Term Rider, \$ \_\_\_\_\_

What other companies are you quoting? \_\_\_\_\_ What are their rates? \_\_\_\_\_

Specific company you want quoted: \_\_\_\_\_

**ADDITIONAL NOTES:** \_\_\_\_\_

Send by:  FAX  E-MAIL  MAIL

Include: **APPLICATIONS, LICENSING, MISCELLANEOUS FORMS:** \_\_\_\_\_