

American Insurnet Agency, Inc

QUOTE REQUEST SHEET

www.americaninsurnet.com

PHONE: 800/333-4638

FAX: 513-287-7777

DATE: _____

“SELL IT ONCE”

CALLER: _____

STATE APPLICATION WILL BE SIGNED IN: _____

AGENT: _____

DATE OF APPOINTMENT: _____

AGENT INFORMATION CHECKLIST

AGENCY: _____ ADDRESS: _____ CONTRACTS: _____ CASE STATUS: _____

PHONE NUMBER: _____ FAX NUMBER: _____ E-MAIL: _____

PERSONAL INFORMATION

Client Name: _____ Sex: _____ Date of Birth: _____ Age last: _____ Age nearest: _____

Does the client use any form of tobacco?: _____ If **yes**, which kind?: _____ How often?: _____

If **no**, have they ever?: _____ How long since they last used tobacco?: _____ (months)

Types of medication taken: _____ Amount: _____ How often: _____ For what: _____

Additional medication: _____ Amount: _____ How often: _____ For what: _____

Client's Height: _____ Weight: _____ Cholesterol: _____ HDL Ratio _____ Blood Pressure: _____

Father's age L / D _____ Cause of death: _____ Mother's age L / D _____ Cause of death: _____

Hazardous Activities?: PILOT SCUBA SKYDIVING RACING Other Impairments?: _____ PUT DETAILS IN ADDITIONAL NOTES

Is this a replacement case?: _____ If **yes** what was the previous underwriting class?: _____ When?: _____

BASED UPON THIS INFORMATION THE PRELIMINARY RISK CLASSIFICATION TO BE QUOTED WILL BE: _____

TERM LIFE

UL/WHOLE LIFE

FACE AMOUNT(S): _____ FACE AMOUNT(S): _____

ART 5 7 10 15 20 25 30 Premium: _____ Mode: Annually Semi-Annually Quarterly Monthly(PAC)

Is this insurance personal or for business? _____ Yrs to pay _____ Carry to age: _____ Cash Value of: _____

Can we quote the clients spouse or business partner? _____ Death Benefit Option: Level Increasing Change Lump Sum: _____ 1035?: Y

What other companies are you quoting?: _____ Withdrawals/Loans: Beginning age _____ for _____ years Leaving \$ _____
AT MATURITY

What is their rate?: _____ Riders: WP AD CTR\$ _____ STR\$ _____

Riders: WP AD CTR\$ _____ COMBO Competition: _____ Price: _____

Specific company you want quoted?: _____ What is the purpose of this coverage?: Income DB

Premium Mode: Annually Semi-Annually Quarterly Monthly(PAC) Is there a specific company you want quoted?: _____

ADDITIONAL NOTES:

CALLER: _____ STATE APPLICATION WILL BE SIGNED IN: _____
AGENT: _____ DATE OF APPOINTMENT: _____

FOR SECOND INSURED ON A SURVIVORSHIP PLAN OR VARIABLE ILLUSTRATION

PERSONAL INFORMATION

Client Name: _____ Sex: _____ Date of Birth: _____ Age last: _____ Age nearest: _____

Does the client use any form of tobacco?: _____ If **yes**, which kind?: _____ How often?: _____

If **no**, have they ever?: _____ How long since they last used tobacco?: _____ (months)

Types of medication taken: _____ Amount: _____ How often: _____ For what: _____

Additional medication: _____ Amount: _____ How often: _____ For what: _____

Client's Height: _____ Weight: _____ Cholesterol: _____ HDL Ratio _____ Blood Pressure: _____

Father's age L / D _____ Cause of death: _____ Mother's age L / D _____ Cause of death: _____

Hazardous Activities?: PILOT SCUBA SKYDIVING RACING Other Impairments?: _____ PUT DETAILS IN ADDITIONAL NOTES

Is this a replacement case?: _____ If **yes** what was the previous underwriting class?: _____ When?: _____

BASED UPON THIS INFORMATION THE PRELIMINARY RISK CLASSIFICATION TO BE QUOTED WILL BE: _____

VARIABLE

Is this a **single** or **survivorship** quote?: _____ FACE AMOUNT(S): _____ / MINIMUM

Are you **NASD** licensed?: _____ Premium: _____ Yrs to pay: _____

Who is your broker-dealer? _____ Carry to age: _____ Cash Value of: _____

What percent do you wish to illustrate? 12% 10% 8% Death Benefit Option: Level Increasing Change

Is there an additional percent you want shown?: _____% Lump Sum: _____ 1035?: YES NO

What is the purpose for this coverage?: Income DB Withdrawals/Loans: Beginning age _____ for _____ years

*BEFORE WE RUN ANY VARIABLE ILLUSTRATION, Leaving _____ cash at maturity

VERIFY A SELLING AGREEMENT IS IN PLACE, AND THAT WE ARE THE AUTHORIZED WHOLESALER!!!

Riders: WP AD CTR\$ _____ STR\$ _____

YES _____ NO _____

IF NO DO NOT RUN AN ILLUSTRATION!!

Competition: _____ Price: _____

ADDITIONAL NOTES:

Send By: **FAX** **MAIL** **E-MAIL**

Include: **APPLICATIONS** **LICENSING** **MISC. FORMS**_____