

**CLOUSE INSURANCE SERVICES
LIFE QUOTE INQUIRY FORM**

Agent Name _____ **Phone #** _____

CLIENT INFORMATION

NAME _____ **DOB** _____

Phone # _____ E-mail address _____

Policy Type _____ **Face Amount** _____ **Carrier Preference** _____

HEIGHT _____ WEIGHT _____

MAJOR SURGERIES _____

PERSONAL HEALTH HISTORY (blood pressure, cholesterol, heart disease, cancer, diabetes, sleep apnea, depression, anxiety, asthma, etc. include date of onset, treatment, & results)

MEDICATIONS & DOSAGES _____

How long taken _____ Has it controlled health problem _____

EVER USED TOBACCO _____ What kind _____

Frequency & History _____ If quit using tobacco, provide date _____

HOBBIES – (aviation, scuba, racing, etc.) _____ FOREIGN TRAVEL _____

PARENTS or SIBLINGS: CANCER or HEART DISEASE, death, or history of prior to age 60

DRIVING RECORD – more than 2 moving violations in past 3 years _____
Any DUI'S in the past 10 years _____

Purpose of coverage _____

Special considerations _____

**FOR A LIFE QUOTE, FAX COMPLETED FORM TO (616)301-9631 or
PHONE # (616) 301-9390**