

Mound Agency Quote Sheet – Life Insurance

Revised (03/21)

Fax to: 800-452-8034

Phone: 800-537-5568

Agent: _____ Please send quote by: Fax: _____

State: _____ Phone #: _____ Email: _____

Name: _____ Sex: Male or Female

Date of Birth: _____ Height _____ Weight _____

Face Amount: \$ _____

Plan of Insurance: _____ (Term, UL, IUL or Whole Life)

If UL or IUL Guaranteed to what age: Age 85 ___ Age 90 ___ Age 95 ___ Age 100 ___ Age 105 ___ LIFE ___

Riders: WP DCR - Amount of Coverage: _____ (\$5,000 - \$20,000)

1. Have you used any form of tobacco (cigarettes, pipe, cigars, chew, nicotine gum or patches) in the last:

60 months Yes No 36 months Yes No
24 months Yes No 12 months Yes No

If yes, please indicate type & amount used: _____ If recently stopped using tobacco, please indicate date: _____

2. Have you used any form of Marijuana?

60 months Yes No 36 months Yes No
24 months Yes No 12 months Yes No

If yes, please indicate type & amount used: _____ If recently stopped using tobacco, please indicate date: _____

3. Have you ever been rated or declined for insurance?

Yes No

If so, why: _____

**If Yes, quote should be based on Standard rates. (You may want to call Mound Agency before submitting app for an accurate rate class)*

4. Have you ever been treated for high blood pressure or cholesterol?

Yes No

5. Has any member of your family (parent or sibling) been treated for coronary artery disease or cancer prior to age 60?

Yes No *If Yes, Preferred Best rates are not available.*

6. Has any member of your family (parent or sibling) died from coronary artery disease or cancer prior to age 60?

Yes No *If Yes, Preferred Best rates are not available.*

7. Are you currently taking, or have you been advised to take any prescription medications?

Yes No

If so, what type & why? _____

8. Purpose of Insurance:

Personal: Family Protection Debt/Mortgage Protection Estate Planning/Wealth Transfer Final Expenses

Business: Key Man Buy Sell Supplemental Retirement Protection Other

Please provide details to any question marked "yes" and any additional medical information:

****Treatment for diabetes, cancer, heart disease, depression, alcohol or drug abuse, a DUI/reckless conviction in the last 5 years or 3 moving violations in the last 3 years precludes Preferred Best and probably Preferred rates. Call Mound Agency for Details.***