



Life and Health Insurance Brokerage:  
Products, Knowledge, & Service

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**www.thewebagency.com or e-mail: lise@thewebagency.com**

**Life Quote Request Form– Fax to (315) 692-4971**

Agent Name: \_\_\_\_\_

FAX#: \_\_\_\_\_ Phone#: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Client Name: \_\_\_\_\_ Spouse/other client: \_\_\_\_\_

DOB: \_\_\_\_\_ DOB: \_\_\_\_\_

Preferred \_\_\_\_\_ Standard \_\_\_\_\_ Preferred \_\_\_\_\_ Standard \_\_\_\_\_

Tobacco Use: Yes \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

PLEASE CIRCLE TYPE USED & SEE BOX BELOW:  
(pipes, cigars, cigarettes, gum, any form of tobacco, date last used)

Amount of Insurance: \_\_\_\_\_ Amount of Insurance: \_\_\_\_\_

Type of Insurance: Term: \_\_\_\_\_ Whole Life: \_\_\_\_\_ Universal Life: \_\_\_\_\_

ART \_\_\_\_\_  
10yr \_\_\_\_\_  
15yr \_\_\_\_\_  
20yr \_\_\_\_\_  
25yr \_\_\_\_\_  
30yr \_\_\_\_\_

**Please State Tobacco Frequency and any medical issues:**

Waiver of Premium: yes/no  
AD&D: yes/no  
Spouse Term Rider : yes/no  
Child Term Rider: yes/no  
Insured Term Rider: yes/no

Business owned? \_\_\_\_\_  
Amount: \_\_\_\_\_  
Amount: \_\_\_\_\_  
1-10 units: \_\_\_\_\_  
Amount: \_\_\_\_\_

Please list any special requests below including adverse family history, lump sum deposit, 1035 exchange, replacement:

\_\_\_\_\_  
\_\_\_\_\_