

**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, 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 DUITS in the past 10 years \_\_\_\_\_

**Purpose of coverage** \_\_\_\_\_

**Special considerations** \_\_\_\_\_

**FOR A LIFE QUOTE, FAX COMPLETED FORM TO (616)301-9631  
PHONE # (616) 301-9390 or E-MAIL to [mclouse@clouseinsurance.com](mailto:mclouse@clouseinsurance.com)**