

Date: _____



LIFE INSURANCE QUOTE REQUEST

Client Name: _____

Age/D.O.B.: _____ Gender: **M** **F** State: _____

Health Rating (Pick up to 2): _____ Tobacco Use: **Y** **N**

Preferred Plus **Preferred** **Standard Plus** **Standard** **Rated (Specify Below)**

Face Amount (Pick up to 3): _____ Mode: **A** **S** **Q** **M**

Policy Type (Pick up to 3):

Guaranteed UL (Specify guaranteed age below if not 121) **Indexed UL**

Current Assumption UL **Guaranteed Level Term 10 15 20 30**

ROP Term: 15 20 30 **Whole Life** **Other (specify below)**

Required By Date: _____

Requested By: _____

Additional Info: _____

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