

QUICK QUOTE FORM

Please download and save this form. Once completed, send via email to casedesign@coregroupusa.com or fax to 480-991-8885, ATTN: Case Design

Advisor Name: _____ Phone / email: _____

Client name: _____ Client DOB: _____

Product Requested: _____ Face Amount: _____ LTC/Chronic Illness Rider

1) Have you ever used any nicotine products in the last 6 years: Y or N State of Residence: _____ Gender: _____

2) If YES, please provide type (cigs, cigar, chew, pipe, e-cig), frequency, amount used, length of use, date last used:

3) Height: _____ Weight: _____ Weight loss over the past year (amount and reason): _____

4) Current readings: Blood pressure: _____ Cholesterol: _____ Ratio: _____ HDL: _____ LDL: _____

5) Are you on any medications? Name, dosage, frequency, and reason prescribed (If yes, use next page):

6) Have you ever had, or do you have now, any of the following (additional info may be required):

Cancer HIV Hepatitis Heart problems Stroke Mental health problem

Alcoholism DUI Diabetes Any other serious disease?

Please provide date of diagnosis, stage/grade, treatment, last date of treatment, residual effects:

7) List all docs seen in the last 5 years (names, reason seen, date last seen):

8) Has any immediate family member passed away prior to age 60? Yes No

If yes, please provide age at death, cause and diagnosis:

9) Has any immediate family member had cancer, cardiac, stroke, or diabetes prior to age 60? Yes No

If yes, please provide details and age of diagnosis:

10) Have you ever been rated or declined for insurance? If yes, date, reason, rate class:

11) Do you participate in any hazardous activities (aviation, scuba, rock climbing, racing), travel to foreign country or have plans to do so?

If yes, details:

12) How many moving violations in the past 5 years? _____ Details and dates: _____

13) Bankruptcies? Type and date of discharge:
