



Quote Request for LIFE INSURANCE

E-MAIL to jphilibotte@uuinc.com or FAX to 603-778-7918

Date Requested: ____ / ____ / ____

Producer Information:

Name: _____ E-mail: _____

Phone: _____ Fax: _____

Client Information:

Name: _____ Date of Birth: ____ / ____ / ____

Male / Female Height: ____' ____" Weight: _____ lbs.

State in which insurance policy will be issued/signed: _____

Ever used tobacco products? No Yes, type: Cigarettes Cigar Pipe Chewing Tobacco

If quit, when: _____

List any medical problems: _____

List any medications & dosages: _____

Insurance Needs:

Primary Objective: Death Benefit Cash Accumulation Guarantees Low Premium

Product Type: Universal Life Index Universal Life Whole Life Survivorship Term Life - ____ years

Other: _____

Face Amount(s): \$ _____ Specific Carrier? _____

Riders: Waiver of Premium Child Rider Accidental Death Benefit Other: _____

Payment Plan: Level pay to age/# of years _____ 1035 Rollover: \$ _____ Dump-In: \$ _____

Payment Mode: Annual Semi-Annual Quarterly Monthly

Other Information: _____
