

Life Quote Request Form

Sonoma Valley Insurance Agency
P.O. Box 1669
Sonoma, CA 95476
Ph (707) 935-6294 x103
Fx (707) 935-3602

Date: _____

Name: _____ Address: _____

Phone: _____ Email: _____

Date of Birth: _____ Male Female

Any nicotine use in last 5 years? No Yes

If Yes, date last used _____ Cigarettes Cigars Chew Nicorette

Height: _____ Weight: _____

Any Health Conditions?

Any Prescriptions?

Blood pressure issues? _____
Cholesterol issues? _____
Occupation? _____
Hazardous Sports? _____
Private Pilot? _____
#Tix/Acc/DUI in the last 3 yrs? _____

Fam. History: Heart disease or cancer before 60?
Mother Father Brothers Sisters

Parents Health/Age:
Mother Age: _____ Health: _____
Father Age: _____ Health: _____

Any heart trouble, stroke, cancer, or diabetes in the last 2 years?

In the last 90 days have you been admitted to a hospital, had surgery, or scheduled a surgery?

Have you ever been declined or cancelled by a life or health insurance company? Y N

Do you have any other applications submitted anywhere else? Y N

Do you have an agent that you are working with? Y N

Name: _____ Address: _____

Phone: _____ Email: _____

What do you want your life insurance to do for you?

Cover the mortgage \$ _____

Cover other debt \$ _____

Provide a college fund \$ _____

Pay for final expenses \$ _____

Replace Lost Income \$ _____

Key Man/Partnership buyout \$ _____

How much coverage do you want? \$ _____

How many years do you want to keep coverage in force?

5 10 15 20 25 30 Life

Years to retirement: _____

Years until last child out of college? _____

Years left on mortgage? _____

Annual Incomes: _____

Ages of children _____

Current Insurance: (amount/company/type/price)

What other companies have you compared?

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