

# Palmer Agency Permanent Quote Request

Phone: 404.321.1212 - Fax: 404.634.3990

Today's Date \_\_\_\_\_

## Client Information

Client First Name: \_\_\_\_\_ Date of Birth: (mm/dd/yy) \_\_\_\_\_

Client Last Name: \_\_\_\_\_ Gender:  Male  Female

Client's State of Residence  Rate Class:  Preferred  Standard

Face Amount: \_\_\_\_\_

Plan Type:  WL  UL Premium Mode:  Monthly  Quarterly  Semi-Annually  Annually

Special Requests: \_\_\_\_\_

## Underwriting Information

Nicotine use last 5 years?  Yes  No If yes, what type? \_\_\_\_\_ Quit Date \_\_\_\_\_

Height & Weight	
Health Conditions and Diagnosis Dates	
Medications - Dosage, Date Started, Reason for Taking	
Hospitalizations in last 5 years- Reasons and details.	
Is there a history of family death prior to age 60? If so, please list relation and cause of death.	

## Producer Information

Producer Name: \_\_\_\_\_ Producer's State of Residence:

Producer Phone: \_\_\_\_\_ Send application with quote?  Yes  No

Producer E-Mail: \_\_\_\_\_ Send quote by:  Email  Fax

Producer Fax: \_\_\_\_\_ Would you like a term quote also?  Yes  No