

# Mid Atlantic Insurance Solutions, Inc.

## Life Insurance Quick Application

Name: \_\_\_\_\_ Profession \_\_\_\_\_

Salary: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Salary: \_\_\_\_\_ Household Income: \_\_\_\_\_

Spouse's Name (if applicable) \_\_\_\_\_

Are you looking for coverage on spouse as well? \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

How much insurance do you have now? \_\_\_\_\_ Is it through work? \_\_\_\_\_

How much do you pay per month currently \_\_\_\_\_ Term covered for?(ie.

Term 10, 15, 20, 30, WL, Guarantee UL, or VUL?) \_\_\_\_\_

If cost effective, would you consider replacing existing policy? \_\_\_\_\_

Do any existing policies have cash value? \_\_\_\_\_ If so, how much

\$ \_\_\_\_\_

How much do coverage do you want now? \_\_\_\_\_

What term do you prefer? \_\_\_\_\_

Are you a smoker? \_\_\_\_\_ If quit, date of last cigarette? \_\_\_\_\_

Do you or have you had any of the following? (Substance Abuse, blood pressure, cancer, cholesterol, diabetes, family history of heart disease, or DUI/DWI) – If so, please explain and provide details:

\_\_\_\_\_

\_\_\_\_\_

Do you have any other pertinent health issues? (Please explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_