

CPS QUICK QUOTE FOR PREFERRED RISK

Information gathered will be used in the evaluation of the applicant's insurability. Offers are tentative subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance. © COPYRIGHT CPS

CLIENT: NAME _____ / M F / DOB _____ AGE _____ / HT _____ WT _____ / STATE _____
AMT. REQUESTED \$ _____ / MAX. ANNUAL PREMIUM \$ _____ / TYPE OF INS. UL TERM YRS. LVL _____
TOBACCO USE NO YES, TYPE _____ / REPLACEMENT YES NO / CURRENT ANN. PREM. \$ _____
LAST LIFE INSURANCE APP. YEAR _____ COMPANY _____ ACTION _____
OCCUPATION _____ / MARITAL STATUS SINGLE MARRIED WIDOWED DIVORCED
FAMILY HISTORY - AGE, IF STILL LIVING: FATHER _____ MOTHER _____ SIBLING 1 _____ SIBLING 2 _____ SIBLING 3 _____
IF ANY DECEASED GIVE RELATION, AGE AND CAUSE, OF EACH _____
DRIVING RECORD - # OF VIOLATIONS IN PAST 3 YEARS _____ / # OF DUI / RECKLESS DRIVING PAST 5 YEARS _____
DO YOU EXERCISE 3 OR MORE TIMES PER WEEK? NO YES, DETAILS _____
DATE OF LAST MEDICAL CHECKUP _____ / DATE OF LAST EKG _____ AND RESULTS _____
LAST BLOOD PRESSURE READING (RESULTS) _____ / _____ / ARE YOU TREATED FOR BLOOD PRESSURE NO YES
LAST CHOLESTEROL READING, HDL READING (RESULTS) _____, _____ TREATED FOR CHOLESTEROL NO YES
AGENT: NAME _____ PHONE _____ FAX _____
ADDRESS _____ CITY _____ ST _____ ZIP _____
CPS OFFICE ONLY: ENTER OFFICE NAME/LOCATION _____ FAX _____

1. PLEASE DETAIL THE CLIENT'S FAMILY HISTORY (AGE IF LIVING / AGE AT THE TIME OF DEATH AND CAUSE):

FATHER _____ / _____
MOTHER _____ / _____
SIBLING _____ / _____
SIBLING _____ / _____

2. DETAIL THE CLIENT'S MEDICAL HISTORY (CHECK ALL THAT APPLY):

- CANCER HISTORY
- HEART HISTORY / CONDITION
- DIABETES HISTORY
- ALCOHOL OR DRUG ABUSE HISTORY
- HIGH BLOOD PRESSURE, PLEASE DETAIL:

CURRENT READING _____ / HIGHEST READING _____
TYPE OF TREATMENT _____

ELEVATED CHOLESTEROL HISTORY, PLEASE DETAIL:

CURRENT READING _____ / HDL READING OR RATIO _____
HIGHEST CHOLESTEROL READING _____
TYPE OF TREATMENT _____

ELECTROCARDIOGRAM (EKG), IF TAKEN W/IN PAST YEAR:

RESULTS: NORMAL OTHER _____

STRESS EKG OR THALLIUM, IF TAKEN W/IN PAST YEAR:

RESULTS: NORMAL OTHER _____

SIGMOIDOSCOPY, IF TAKEN W/IN PAST YEAR:

RESULTS: NORMAL OTHER _____

PROSTATE EXAM, IF TAKEN W/IN PAST YEAR:

RESULTS: NORMAL OTHER _____

MAMMOGRAM, IF TAKEN W/IN PAST YEAR:

RESULTS: NORMAL OTHER _____

3. DOES THE CLIENT PARTICIPATE IN AVIATION / AVOCATION ACTIVITIES?

NO YES, PLEASE DETAIL _____

4. HAS THE CLIENT HAD A STANDARD MEDICAL CHECKUP W/IN THE PAST YEAR:

NO YES, PLEASE DETAIL: NORMAL OTHER _____

5. LIST ANY OTHER ILLNESSES OR IMPAIRMENTS (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY) ALONG WITH ALL MEDS AND VITAMINS TAKEN (INCLUDE DOSAGE AND FREQUENCY):

