



Life Insurance Quote Form
Fax to 1-928-268-9445 or e-mail to akbrown@benefitsolutionsdepot.com

***Required fields**

***Name/Gender** _____ **M/F** ***Tobacco Use: Y/N** Ht. _____ Wt. _____

***DOB/Age** _____ Do you want to cover spouse/child(ren) **Y/N**

***Spouse** _____ **M/F** ***Tobacco Use: Y/N** Ht. _____ Wt. _____

***DOB/Age** _____

***Child(ren)DOB/Age(s)/Gender** _____

***Home Address** _____ **City/State/Zip** _____

***Phone** _____ **Fax** _____ **e-mail** _____

How much coverage do you want? Think about your mortgage, Loans, college savings and your income replacement to come up with a general idea. We can modify this amount, if needed.

For You: \$100K \$150K \$200K \$250K \$300K \$400K \$500K \$750K \$1MM \$1.5MM \$ _____

For Spouse: \$100K \$150K \$200K \$250K \$300K \$400K \$500K \$750K \$1MM \$ _____

For Children: \$5K \$10K \$25K \$30K \$50K \$100K \$ _____