

# CPS QUICK QUOTE FOR BUILD

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. 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 \_\_\_\_\_

2. HT \_\_\_\_\_ WT \_\_\_\_\_ / WT LOSS IN LAST YEAR \_\_\_\_\_

LAST MEASURED BODY FAT % \_\_\_\_\_ / DATE \_\_\_\_\_

MEN ONLY: CHEST SIZE \_\_\_\_\_ IN. / WAIST SIZE \_\_\_\_\_ IN.

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

NO  YES, PLEASE DETAIL:  NORMAL  OTHER \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_