FAST-QUOTE REQUEST

AIM GROUP • ADVANCED INSURANCE MARKETING GROUP

626-714-1444 • 13181 N Crossroads Pkwy, City of Industry, CA 91746 • workwithAIM.com

PROPOSED LIFE CLIENT INFORMATION

NAME | STATE | GENDER

☐ Male ☐ Female

DATE OF BIRTH | AGE | HEIGHT | WEIGHT

TOBACCO & MARIJUANA

Any tobacco within the past 12 months? ☐ Yes ☐ No *Type and amount:*

Marijuana use? ☐ Yes ☐ No ☐ Recreational ☐ License *How often:*

HEALTH HISTORY

Any family history of cancer or cardiovascular disease prior to age 60 of parents or siblings? (list relationship, diagnosis, age at onset, and age at death)

Any medications currently taking? And reason? (please list)

Any medical condition in the last 10 years such as heart condition, diabetes, cancer, anxiety/depression, sleep apnea, alcohol/drug treatment, high cholesterol or blood pressure? Explain with detail.

DRIVING & TRAVEL

Any DUI or reckless driving conviction(s)? ☐ Yes ☐ No *If so, when:*

Any intended travel outside the US in the next 24 months? ☐ Yes ☐ No

If so, where, when and duration:

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ILLUSTRATION SPECIFICATIONS

Is proposed insured a US Citizen? ☐ Yes ☐ No

If not, is the proposed insured a permanent resident in the US? ☐ Yes ☐ No

FACE AMOUNT ($)	FACE AMOUNT ($)	PREMIUM MODE	RATE CLASS

Is client working with a monthly budget? ☐ Yes ☐ No *If so, how much $:*

TYPE OF LIFE POLICY

☐ Universal Life *(no cash value)* ☐ Indexed Universal Life *(cash value policy)*

☐ Guaranteed to age: *(max 120)*

Term: ☐ 1 ☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 25 ☐ 30 ☐ 35

1.	Return of premium terms	☐ Yes ☐ No	**2.**	Guaranteed premium universal life	☐ Yes ☐ No
3.	Whole life	☐ Yes ☐ No	**4.**	Lifetime second-to-die	☐ Yes ☐ No
5.	Child rider	☐ Yes ☐ No	**6.**	Living benefits	☐ Yes ☐ No

SELECT LIFE COMPANIES (OPTIONAL)

TERM CARRIERS

☐ AGLA ☐ AIG ☐ Genworth ☐ ING/Voya ☐ MetLife ☐ North American ☐ Protective ☐ Transamerica

NO EXAM CARRIERS

☐ Assurity ($350k max) ☐ Foresters ($250k max) ☐ MetLife ($99k max) ☐ Transamerica ($99k max)

PERMANENT LIFE CARRIERS

☐ AGLA ☐ AIG ☐ Foresters ☐ North American

EMAIL THE FACTS TODAY!

Send the completed form to **Caselab@workwithaim.com**

AGENT NAME	RETURN QUOTE TO (EMAIL)

This information is requested only to assist us in providing you an accurate quote. Filling out this form does NOT constitute an application for insurance.