

Greenberg, Wexler & Eig, LLC
Life Insurance Quote Request Form
 Email form to: mmanzo@gwellc.com

1. Personal Information

Name:	Date of Birth:
State of Residence:	<input type="checkbox"/> Male <input type="checkbox"/> Female

2. Insurance Information

Insurance Amount: \$	Type of Insurance Desired: <input type="checkbox"/> Term <input type="checkbox"/> Permanent
Purpose of Insurance:	

Term Insurance Only:

Desired Term Length: <input type="checkbox"/> 1-5 Years <input type="checkbox"/> 10 Years <input type="checkbox"/> 15 Years <input type="checkbox"/> 20 Years <input type="checkbox"/> 25 Years <input type="checkbox"/> 30 Years

Permanent Insurance Only:

Type of Insurance: <input type="checkbox"/> Universal Life <input type="checkbox"/> Guaranteed/No-Lapse <input type="checkbox"/> Whole Life <input type="checkbox"/> Indexed Universal Life <input type="checkbox"/> Variable Universal Life
How many years to fund the policy: <input type="checkbox"/> Lifetime <input type="checkbox"/> Single-Pay <input type="checkbox"/> 5-Pay <input type="checkbox"/> 10-Pay <input type="checkbox"/> 20-Pay <input type="checkbox"/> Other: _____

3. Medical/Lifestyle

<input type="checkbox"/> Preferred <input type="checkbox"/> Standard	Smoker? <input type="checkbox"/> No <input type="checkbox"/> Yes	Overweight? <input type="checkbox"/> No <input type="checkbox"/> Yes
<i>List any known health issues, current medications or hazardous hobbies (i.e. diving, skydiving, mountain climbing, etc.):</i>		