

**Producer Information:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Date/Time Quote needed: \_\_\_\_\_

**Insured Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male  Female

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Cholesterol \_\_\_\_\_

Nicotine Use -  Never  Former (date quit) \_\_\_\_\_  Current (type) \_\_\_\_\_

*Nicotine use includes cigarette, marijuana, cigar, pipe, smokeless, vapor, patch, electronic cigarette or gum*

**Did your father, mother or siblings have or die of cardiovascular disease or cancer before age 60?**

*If yes indicate which parent, sibling, condition, age of onset, cause of death and age at death*

**Have you ever had cancer or any type of cardiovascular disease or issue?**

*If yes provide details – dates, treatment & outcome*

**Are you currently taking any prescription medication? –**

*If yes list name, dosage and purpose of medication*

**Have you been treated for any illness/injury or had any specialized tests in the past 10 years?**

*If yes provide details – date, reason & outcome*

**In the past 3 years have you have any moving violations, had your driver's license suspended or had a DUI in the past 5 years? *If yes provide dates and details***

**Do you participate in hazardous activities such as sky diving, scuba diving, rock climbing, flying or motorized racing?**

*If yes provide details*

**Have you or will you be traveling outside of the US in the next 24 months? *If yes provide details***

**Policy Information:**

Plan Desired  10 yr.  15 yr.  20 yr.  25 yr.  30 yr.  35 yr.  40 yr.

Universal Life - Index UL Whole Life Other

Death Benefit \_\_\_\_\_ State \_\_\_\_\_ Riders (ROP,waiver, ADB, child rider) \_\_\_\_\_

Purpose of Coverage -Family Needs Business Needs Estate Needs Loan

Northeast Brokerage, Inc.

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