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**Quick Quote  
BUILD**

CLIENT NAME \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ HT \_\_\_\_\_ WT \_\_\_\_\_

Amt. requested \$ \_\_\_\_\_ Type of Insurance UL \_\_\_\_\_ Term \_\_\_\_\_ WL \_\_\_\_\_ State \_\_\_\_\_

Tobacco\_use? No \_\_\_\_\_ Yes \_\_\_\_\_ Type \_\_\_\_\_ Occupation \_\_\_\_\_

Family History: Age if still living: Father \_\_\_\_\_ Mother \_\_\_\_\_ Brothers \_\_\_\_\_ Sisters \_\_\_\_\_

Any deceased? If so give relation, age and cause of death of each \_\_\_\_\_

Do you exercise regularly? Yes \_\_\_\_\_ No \_\_\_\_\_ Details \_\_\_\_\_

Date of last medical checkup \_\_\_\_\_ Date of last EKG \_\_\_\_\_ Results of EKGs \_\_\_\_\_

Are you treated for Hypertension? Yes \_\_\_\_\_ No \_\_\_\_\_ Last Blood Pressure Reading \_\_\_\_\_/\_\_\_\_\_

Are you treated for Cholesterol? Yes \_\_\_\_\_ No \_\_\_\_\_ Last Cholesterol HDL Ratio \_\_\_\_\_

Agent: Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_ State \_\_\_\_\_

Males: Is the chest circumference greater than the waist circumference? \_\_\_\_\_

Has client ever had any of the following: Circle any that apply.

Coronary Artery Disease

High blood pressure

Diabetes

Elevated cholesterol or triglycerides (lipid levels)

Has a stress electrocardiogram (treadmill test) been completed within the past year? If yes please provide results. \_\_\_\_\_

Have smoked cigarettes in the last 12 months? \_\_\_\_\_

Has your client had any weight reduction surgery? If yes please give details \_\_\_\_\_

List all medications with dosages, other illnesses or impairments. Complete any other Quick Quote forms that may apply. \_\_\_\_\_

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