Zander INSURANCE

Nationally Endorsed by THE DAVE RAMSEY SHOW

REQUEST FOR: **Life Insurance Quote**

ATTN: Larry Randle

Name: Hannah Stover Spouse: Bryan Lenning

Mailing Address: 2201 S Jackson St. Apt. C306 Zip Code: 98144

Primary Phone: 2068569937 Secondary Phone: 2067340537 Email: hrosestover@gmail.com

	Question	Client	Spouse
1:	Gender:	○ Male ◉ Female	◉ Male ○ Female
2:	Date of Birth:	*mm/dd/yy:* 10/31/85	*mm/dd/yy:* 07/30/78
3:	Height / Weight:	5'1"/130	5'11"/180
4:	Have you used any form of tobacco in the past 5 years? If '*Yes*', please provide type, frequency and date of last use.	○ Yes ◉ No	○ Yes ◉ No
5:	In the next two years, do you have any plans to live or travel outside the United States?	○ Yes ◉ No	○ Yes ◉ No
6:	Any missions travel in the past 3 years?	○ Yes ◉ No	○ Yes ◉ No
7:	Do you pilot a plane, do any hazardous sports or belong to the National or Military?	○ Yes ◉ No	○ Yes ◉ No
8:	Have you had any history of drug use or substance abuse?	○ Yes ◉ No	○ Yes ◉ No
9:	Do you currently use any prescriptions drugs?	◉ Yes ○ No	◉ Yes ○ No
10:	Have you had any ongoing or past treatment of medical conditions Including, but not limited to: *stroke, diabetes, heart disease, cancer, high blood pressure, cholesterol, sleep apnea, anxiety, depression or any other treatment*?	◉ Yes ○ No	◉ Yes ○ No
11:	Have you had a weight loss of more than 10# in the past 12 months?	○ Yes ◉ No	○ Yes ◉ No
12:	Does any immediate family member (father, mother, or siblings) have a history of heart disease, cancer, stroke, or diabetes prior to age 70?	○ Yes ◉ No	◉ Yes ○ No
13:	Did the family member(s) pass away prior to age 60?	○ Yes ◉ No	○ Yes ◉ No
14:	Have you ever been declined coverage for life or health insurance?	○ Yes ◉ No	○ Yes ◉ No
15:	Are you currently pregnant?	○ Yes ◉ No	○ Yes ◉ No
16:	Are you a U.S. Citizen, permanent resident or green card holder?	◉ Yes ○ No	◉ Yes ○ No
17:	Have you had any moving violations or DUI's in the past 5 years?	○ Yes ◉ No	○ Yes ◉ No
18:	Have you ever been convicted of a felony? If '*Yes*' are you currently on probation or parole?	○ Yes ◉ No	○ Yes ◉ No
19:	Have you ever declared bankruptcy?	○ Yes ◉ No	○ Yes ◉ No
20:	Do you need a Child Rider on your policy?	○ Yes ◉ No	○ Yes ◉ No
21:	Do you currently have Life Insurance policies in force?	○ Yes ◉ No	○ Yes ◉ No
22:	Will you be replacing an existing policy?	○ Yes ◉ No	○ Yes ◉ No

Please send me information on:

- ☐ **Identity Theft Protection**
- ☐ **Long-term Disability**
- ☐ **Home and / or Auto Insurance**
- ☐ **Long-term Care**

Quotes Requested:

Term:	*Amount:*	*Term:*	*Amount:*
☐ **10**	**$**_____	☐ **10**	**$**_____
☐ **15**	**$**_____	☐ **15**	**$**_____
☐ **20**	**$**_____	☐ **20**	**$**_____
☐ **30**	**$**_____	☐ **30**	**$**_____

If you answered "Yes" to any questions above, please explain:

Name	Question #	Details (Medication(s) / Treatment) – (Family HX & Onset Age) etc.	Duration
Hannah	9	Levothyroxine, D-Amphetamine Salt Combo, Buproprian	3 yrs/2 yrs/6 mos
Bryan	9	Levetiracetam, Sertraline	11 yrs/3 yrs