

# Client details



## Lead type: Quote Request

In the last five years have you been prescribed medication or treated for any of the following?

- Anxiety / Depression
  - Cancer
  - Heart Disease
  - Kidney Disease
  - ALS (Amyotrophic Lateral Sclerosis)
  - Drug Abuse
- AIDS / HIV
  - Diabetes
  - Stroke / TIA
  - Liver Disease
  - MS (Multiple Sclerosis)
  - Alcohol Abuse

Answer: No

Have you participated in any of these activities in the past two years?

- Hang gliding
  - Racing
  - Para-Chuting
- Skydiving
  - Ballooning
  - Heli-Skiing

Answer: Yes

Have you, or anyone in your immediate family, had a history of either of the following prior to age 60?

- Heart attack
  - Coronary Artery Disease
- Cancer (Other than basal or squamous cell carcinoma)
  - Stroke or Transient Ischemic Attack

Answer: No

## Beneficiaries

#	First name	Last name	Relationship	Perc(%)
1	FName 1	LName 1	Spouse	50
2	FName 2	LName 2	Child	25
3	FName 3	LName 3	Child	25