

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: No

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: Yes

Beneficiaries

#	First name	Last name	Relationship	Perc(%)
1	FName 1	LName 1	Child	100