



## QUICK QUOTE FOR PREFERRED RISK

Information gathered will be used in the evaluation of the applicant's insurability. Offers are tentative subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance. © COPYRIGHT CPS

CLIENT: NAME \_\_\_\_\_ / ☐ M ☐ F / DOB \_\_\_\_\_ AGE \_\_\_\_\_ / HT \_\_\_\_\_ WT \_\_\_\_\_ / STATE \_\_\_\_\_

AMT. REQUESTED \$ \_\_\_\_\_ / MAX. ANNUAL PREMIUM \$ \_\_\_\_\_ / TYPE OF INS. ☐ UL ☐ TERM YRS. LVL \_\_\_\_\_

TOBACCO USE ☐ NO ☐ YES, TYPE \_\_\_\_\_ / REPLACEMENT? ☐ YES ☐ NO / CURRENT ANN. PREM. \$ \_\_\_\_\_

LAST LIFE INSURANCE APP. YEAR \_\_\_\_\_ COMPANY \_\_\_\_\_ ACTION \_\_\_\_\_

OCCUPATION \_\_\_\_\_ / MARITAL STATUS ☐ SINGLE ☐ MARRIED ☐ WIDOWED ☐ DIVORCED

FAMILY HISTORY: AGE, IF STILL LIVING: FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_ SIBLING 1 \_\_\_\_\_ SIBLING 2 \_\_\_\_\_ SIBLING 3 \_\_\_\_\_

IF ANY DECEASED, GIVE RELATION(S), AGE(S) AND CAUSE(S) \_\_\_\_\_

DRIVING RECORD: # OF VIOLATIONS IN PAST 3 YEARS \_\_\_\_\_ / # OF DUI / RECKLESS DRIVING PAST 5 YEARS \_\_\_\_\_

DO YOU EXERCISE 3 OR MORE TIMES PER WEEK ☐ NO ☐ YES, DETAILS \_\_\_\_\_

DATE OF LAST MEDICAL CHECKUP \_\_\_\_\_ / DATE OF LAST EKG \_\_\_\_\_ AND RESULTS \_\_\_\_\_

LAST BLOOD PRESSURE READING (RESULTS) \_\_\_\_\_ / \_\_\_\_\_ / ARE YOU TREATED FOR BLOOD PRESSURE ☐ NO ☐ YES

LAST CHOLESTEROL READING, HDL READING (RESULTS) \_\_\_\_\_, \_\_\_\_\_ TREATED FOR CHOLESTEROL ☐ NO ☐ YES

AGENT: NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

CPS OFFICE ONLY: ENTER OFFICE NAME/LOCATION \_\_\_\_\_ FAX \_\_\_\_\_

1. PLEASE DETAIL THE CLIENT'S FAMILY HISTORY:  
(AGE IF LIVING / AGE AT TIME OF DEATH AND CAUSE)

FATHER: \_\_\_\_\_ / \_\_\_\_\_

MOTHER: \_\_\_\_\_ / \_\_\_\_\_

SIBLING: \_\_\_\_\_ / \_\_\_\_\_

SIBLING: \_\_\_\_\_ / \_\_\_\_\_

2. DETAIL THE CLIENT'S MEDICAL HISTORY (CHECK ALL THAT APPLY):

- ☐ CANCER HISTORY  
☐ HEART HISTORY/CONDITION  
☐ DIABETES HISTORY  
☐ ALCOHOL OR DRUG ABUSE HISTORY  
☐ HIGH BLOOD PRESSURE, PLEASE DETAIL:

CURRENT READING \_\_\_\_\_ / HIGHEST READING \_\_\_\_\_

TYPE OF TREATMENT \_\_\_\_\_

☐ ELEVATED CHOLESTEROL HISTORY, PLEASE DETAIL:

CURRENT READING \_\_\_\_\_ / HDL READING OR RATIO \_\_\_\_\_

HIGHEST CHOLESTEROL READING \_\_\_\_\_

TYPE OF TREATMENT \_\_\_\_\_

☐ ELECTROCARDIOGRAM (EKG), WITHIN PAST YEAR:

RESULTS: ☐ NORMAL ☐ OTHER \_\_\_\_\_

☐ STRESS EKG OR THALLIUM IF TAKEN WITHIN PAST YEAR:

RESULTS: ☐ NORMAL ☐ OTHER \_\_\_\_\_

☐ SIGMOIDOSCOPY, IF TAKEN WITHIN PAST YEAR:

RESULTS: ☐ NORMAL ☐ OTHER \_\_\_\_\_

☐ PROSTATE EXAM IF TAKEN WITHIN THE PAST YEAR:

RESULTS: ☐ NORMAL ☐ OTHER \_\_\_\_\_

☐ MAMMOGRAM IF TAKEN WITHIN THE PAST YEAR:

RESULTS: ☐ NORMAL ☐ OTHER \_\_\_\_\_

3. HAS THE CLIENT HAD A STANDARD MEDICAL CHECKUP  
WITHIN THE PAST YEAR?

☐ NO ☐ YES, PLEASE DETAIL RESULTS:

☐ NORMAL ☐ OTHER \_\_\_\_\_

4. DOES THE CLIENT PARTICIPATE IN AVIATION / AVOCATION  
ACTIVITIES?

☐ NO ☐ YES, PLEASE DETAIL \_\_\_\_\_

5. LIST ANY OTHER ILLNESSES OR IMPAIRMENTS  
(COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY  
APPLY), ALONG WITH ALL MEDS AND VITAMINS TAKEN,  
INCLUDE DOSAGE AND FREQUENCY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_