



Term Life Insurance Quote

Fill out all the options below and send completed quote form to Good Neighbor Insurance

After filling out the quote please:
Fax to **480-813-9930** or
Email Scan to **info@gninsurance.com**

Phone: 866-636-9100 • www.gninsurance.com

First Name:

Email:

Last Name:

Phone:

Date of Birth:

YYYY

Height and Weight: Feet Inches Pounds

Please list all medications taken in the last 12 months. (List the name of the medication, how much is being taken, when you began taking it, and what it is for.)

Please list any surgeries you had in the past ten years

Check if you have or have you had a problem with:

Heart Disease	High Cholesterol
Cancer	High Blood Pressure
Stroke	Mental Illness

If any of the options above were checked please explain

Please add any additional medical information not covered in the above sections

Are you presently under a doctor's care for a present medical condition(s)?

Yes No

If "yes" please explain

Have you ever been declined for insurance due to health reasons?

Yes No

When, approximately, do you want this term insurance to be effective?

yyyy

What kind of work do you do?

Will you be working outside the USA?

Yes No

What is your annual income?

Maximum coverage is 5x insured's annual salary

Are you a US Citizen? If a US citizen, please give your state of residence and zip code.

Yes *ex. 85296*

No

If you are a non US Citizen please inform us of the:

Country of your citizenship: Where you are currently residing:

Do you smoke?

Yes No

How much term life insurance are you requesting? Please list the face amount(s). Select up to 3 options.

\$100,000	\$300,000	\$600,000	\$1,000,000
\$150,000	\$350,000	\$700,000	
\$200,000	\$400,000	\$800,000	
\$250,000	\$500,000	\$900,000	

When will you be going overseas or are you overseas now?

What countries will you be traveling to outside the USA? **List the name of the city, province and country of your residence outside the USA**

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