

Nashville Brokerage

"Saving You Time, Making You Money"

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QUICK QUOTE

Drug Usage

JIM BECK

www.nashvillebrokerage.com

Client Name _____ Sex _____ DOB _____ AGE _____ HT _____ WT _____ State _____

Amt. requested \$ _____ Annual Premium \$ _____ Type of Insurance UL _____ Term _____

Tobacco use No _____ Yes _____ Type _____ Amt of Insurance in force _____ Replacement _____

Occupation _____ Marital Status Single Married Divorced Widowed

Family History- Age if still living: Father _____ Mother _____ Brothers _____ Sisters _____

Any deceased? If so give relation, age and cause of death of each _____

Do you exercise regularly? Yes _____ No _____ Details _____

Date of last medical checkup _____ Date of last EKG _____ Results of EKGs _____

Are you treated for Hypertension? Yes _____ No _____ Last Blood Pressure Reading _____/_____

Are you treated for Cholesterol? Yes _____ No _____ Last Cholesterol HDL Readings _____/_____

Agent: Name _____ Phone _____ Fax _____ Email _____

Address _____ City _____ State _____ Zip _____

1 Has the applicant used or is currently using any of the following substances or drugs? Circle all that apply and supply full details.

Opiates /Narcotics Heroin Codeine Morphine Oxycodone
Methodone Demorol

Barbiturates

Non Barbiturates

Amphetamines

Hallucinogens LSD Peyote Ecstasy

Methamphetamines Cocaine Crack Ice

Marijuana

Other

Full details dates last use frequency

2 Has the client been treated for substance abuse? If so please give details to include dates and places

3 Has the applicant ever been arrested for possession, use, distribution of or sale of illegal substance? If yes please supply details

4 List any other illnesses or impairments. Complete any other Quick Quote forms that may apply. Please indicate all medications client is taking with dosages.

