

Nashville Brokerage

"Saving You Time, Making You Money"

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QUICK QUOTE

Alcohol 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 Does your applicant currently consume any type of alcoholic beverage? If yes how much alcohol _____

6 Is the applicant presently taking or taken in the past Antabuse or another medication to help control drinking.

2 Is the applicant a member of AA or similar support group?

Yes _____ No _____

3 Has the applicant ever been hospitalized or been in an outpatient in an alcohol rehabilitation program? If yes give dates

7 List any other illnesses or impairments. Complete any other Quick Quote forms that may be needed. List all medications being taken with dosages. _____

4 Has applicant within the past 10 years had a DUI Arrest and Conviction?

Month _____ Year _____

Month _____ Year _____

5 Please note the results of the most recent liver function tests.
