

# Nashville Brokerage

"Saving You Time, Making You Money"

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## QUICK QUOTE

Depression

**JIM BECK**

[www.nashvillebrokerage.com](http://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 client been diagnosed with depression? \_\_\_\_\_

Manic Depression? \_\_\_\_\_

2 Has applicant been hospitalized for depression?

Dates \_\_\_\_\_

3 Has the applicant ever attempted suicide?

Date \_\_\_\_\_

4 Has the applicant missed work due to depression within the past year?

5 What medications is the applicant taking for depression?

6 Is the applicant currently seeing a therapist or Psychiatrist?

How often? \_\_\_\_\_ Date of last visit \_\_\_\_\_

7 Is applicant receiving or has client received disability benefits due to depression or other disability? If yes please provide dates \_\_\_\_\_

8 List any other illnesses or impairments (Complete any other Quick Quote forms needed) List all medicines taken and doseages. \_\_\_\_\_