

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:			уууу	Gender:	Male	Female
Height and Weight:	Feet	Inches	Pou	unds		
Please list all medication is being taken, when you				•	e of the medica	ation, how much
Please list any surgerio	es you had i	n the past to	en years			
Check if you have or ha	ave vou bad	a problem	with:			
Heart Disease	High Chole	•	witii.			
Cancer	High Blood					
Stroke	Mental Iline					
If any of the options abo	ove were ch	ecked pleas	se explair	ı		

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

Are you pre	sently unde	r a doctor's ca	re for a present medic	al condition(s)?	
Yes	No				
If "yes" plea	se explain				
-		clined for insur	ance due to health rea	asons?	
Yes	No				
When, appr	oximately, d	o you want this	s term insurance to be	effective?	
		УУУУ	/		
What kind o	f work do yo	ou do?			
	·				
Will you be	working out	side the USA?			
Yes	No				
What is you	r annual inc	ome?			
Triacio you	amidai mo		nximum coverage is 5x	insured's annual salary	
-	S Citizen? If	i a US citizen,		of residence and zip code) .
Yes			ex. 85296		
No					
•		zen please info			
Country of y	our citizens	hip:	Where you are curre	ently residing:	
Do you smo					
Yes	No				
How much to options.	erm life insu	rance are you	requesting? Please lis	st the face amount(s). Sele	ect up to 3
\$100,000)	\$300,000	\$600,000	\$1,000,000	
\$150,000)	\$350,000	\$700,000	Other	
\$200,000)	\$400,000	\$800,000		
\$250,000)	\$500,000	\$900,000		

Term: Option 1 to 10 years. (check up to 3 options)

1 year 5 years 9 years
2 years 6 years 10 years
3 years 7 years
4 years 8 years

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

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



Good Neighbor Insurance, 690 E. Warner Rd. Suite 117, Gilbert, AZ 85296 • Phone: 866-636-9100 • www.gninsurance.com