

QUICK QUOTE Driving Violations



Phoenix, AZ 85049-0187
 Phone: 602-494-9500/800-516-0283
FAX: 602-494-0500
 Email: info@lbiusa.com

Information gathered will be used in the evaluation of the applicant's insurability. Offers are tentative subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance. © COPYRIGHT LifeBrokers.

CLIENT: NAME _____ / M F / DOB _____ AGE _____ / HT _____ WT _____ / STATE _____
 AMT. REQUESTED \$ _____ / MAX. ANNUAL PREMIUM \$ _____ / TYPE OF INS. UL TERM YRS. LVL _____
 TOBACCO USE NO YES, TYPE _____ / REPLACEMENT YES NO / CURRENT ANN. PREM. \$ _____
 LAST LIFE INSURANCE APP. YEAR _____ COMPANY _____ ACTION _____
 OCCUPATION _____ / MARITAL STATUS SINGLE MARRIED WIDOWED DIVORCED
AGENT: NAME _____ PHONE _____ FAX _____
 ADDRESS _____ CITY _____ ST _____ ZIP _____
LIFEBROKRES OFFICE ONLY: ENTER OFFICE NAME/LOCATION _____ FAX _____

1. PLEASE LIST DATES OF ALL MOTOR VEHICLE AND SPEEDING VIOLATIONS OVER THE PAST FIVE YEARS:

MONTH _____ YEAR _____
 MONTH _____ YEAR _____
 MONTH _____ YEAR _____
 MONTH _____ YEAR _____
 MONTH _____ YEAR _____
 MONTH _____ YEAR _____
 MONTH _____ YEAR _____

2. DOES CLIENT CURRENTLY HOLD A VALID DRIVER'S LICENSE?

NO YES, STATE _____ EXPIRATION DATE _____

3. DETAIL LAST MOVING VIOLATIONS OTHER THAN SPEEDING:
 NONE

TYPE _____ MONTH _____ YEAR _____
 TYPE _____ MONTH _____ YEAR _____
 TYPE _____ MONTH _____ YEAR _____

4. DETAIL ACCIDENTS INVOLVING MAJOR PROPERTY DAMAGE, IF ANY:

NONE
 DETAIL _____
 MONTH _____ YEAR _____
 DETAIL _____
 MONTH _____ YEAR _____
 DETAIL _____
 MONTH _____ YEAR _____

5. WITHIN THE LAST SIX YEARS, LIST THE OCCASION(S) AND DATE(S) OF DRIVING UNDER THE INFLUENCE (DUI) ARRESTS AND CONVICTIONS:

DETAIL _____
 MONTH _____ YEAR _____
 DETAIL _____
 MONTH _____ YEAR _____
 DETAIL _____
 MONTH _____ YEAR _____
 DETAIL _____
 MONTH _____ YEAR _____

6. HAS CLIENT EVER BEEN TREATED FOR SUBSTANCE ABUSE?
 NO YES, DETAIL:

MONTH(S) _____ YEAR _____
 PLACE _____

7. LIST ANY OTHER ILLNESSES OR IMPAIRMENTS (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY) ALONG WITH ALL MEDS AND VITAMINS TAKEN (INCLUDE DOSAGE AND FREQUENCY):

