

## Life Insurance Illustration Request Form

Broker: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

### Insured's Information

*Please fill out a separate form for Second Insured, if applicable.*

Insured's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Tobacco Use Type:  \_\_\_\_\_  Non-Tobacco User

Rate Class:  Preferred Plus  Preferred  Standard  Table \_\_\_\_\_

Height: \_\_\_\_\_' \_\_\_\_\_" Weight: \_\_\_\_\_ lbs.

Please describe any family medical history of the following:

Heart Disease: \_\_\_\_\_

Cancer: \_\_\_\_\_

Pre-Age 70 Death of Parents/Siblings: \_\_\_\_\_

Complete the chart for all current medications:

Medication	Dosage	Reason for Taking

Please list all known medical issues with details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Plan Details

Face Amount: \$ \_\_\_\_\_ Plan of Insurance: \_\_\_\_\_ State of Residence: \_\_\_\_\_

Other Plan Details: \_\_\_\_\_

Additional Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please send your completed request to Jenny Ausman**

[jenny@simondavisinc.com](mailto:jenny@simondavisinc.com) ♦ fax: 303.860.8956 ♦ phone: 303.633.5912

SimonDavis Brokerage Services, Inc. ♦ 730 17<sup>th</sup> Street, Suite 107, Denver, CO 80202