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Life Insurance Quote General Information

Please Complete the questions below in as much detail as possible. Need Help? Feel free to give us a call!

Date: _____

How did you hear about us? _____

Tell us about you:

Name: _____

Spouse: _____

Address: _____

City: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Contact Me/Provide Quote Via: Phone Email Best Time to Contact: _____

Life Coverage Type interested: Whole Term Universal Variable
(check all that apply)

Amount of Coverage Req: \$ _____ Premium Range (optional): \$ _____/per mo

Coverage Period interested: 10 yr 15 yr 20 yr 30 yr Universal

Tell us about your health history:

Date of Birth: _____ Height: _____ Weight: _____

Tobacco User: No Yes Type: _____ Amount: _____/per week

Current Medication 1: _____ How Long: _____ Why: _____

Current Medication 2: _____ How Long: _____ Why: _____

Current Medication 3: _____ How Long: _____ Why: _____

List Any other Medications: _____

Most Significant Medical Event: _____

How treated: _____ Year: _____

Any other Medical or Non-Medical Issues: _____

Positive Health Attributes to share with agent (diet, exercise, vitamins, annual check-ups): _____

Tell us about your family history:

Any parent or sibling have heart or cancer history: No Yes Please provide details: _____

Any parent or sibling have death before age 60: No Yes Please provide details: _____

Tell us about your Travel:

International travel in past 12 months: No Yes Please provide details: _____

International travel planned in next 12 months: No Yes Please provide details: _____

Any Additional Information or Questions: _____ _____ _____ _____	Office Use:	Faxed	Emailed	Walk in
	Agent Name: _____ Agent Email: _____			