

# Life Insurance Quick Quote

## Personal Information

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cellphone #: \_\_\_\_\_

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

Sex:       Male       Female       Other

Smoker:  Yes       No

Have you used tobacco in the past 12 months?     Yes       No

Type of Life Insurance Requested:

- 10 year
- 20 year
- Universal Life
- Whole Life

Amount of Coverage: \_\_\_\_\_

Are you currently taking any prescription medication? (If yes, please list): \_\_\_\_\_

\_\_\_\_\_

Questions or Comments?: \_\_\_\_\_

\_\_\_\_\_

When form is filled out completely, please mail form to either Kauffold Agency or Bailey Agency to get an auto quote.

**Kauffold Agency, Inc.**

19 N. Center St., Box 686

Sebewaing, MI 48759

**Bailey Agency, Inc.**

30 S. Main St., Box 710

Pigeon, MI 48755