Please fax to Beale Professional Services (405) 521-1610
Request for Individual Life Insurance Quote

Member Firm: Beale Professional Services

Name: _____
First Middle Last

Birth date: Mo_____ Day_____ Yr_____ ***OR*** Age: _____ □ Male □ Female

Height: _____ Weight: _____

Occupation: _____ Annual Income: _____

1. Plan Considered For:

Term □	**Permanent** □	**Survivorship** □
10 Year Level	Whole Life	Whole Life
20 Year Level	Universal Life	Universal Life
Other	Variable Life	Variable Life

2. Face Amount $_____

3. Premium Payment Mode: □ Annual □ Semi-Annual □ Quarterly □ Monthly/Bank Draft

4. Total life insurance in force with all companies: Life Insurance $_____

5. Will any insurance be replaced? If "yes" give company name and amount to be replaced? _____

_____

6. Have you used nicotine at anytime? If "Yes" give type and date last used? _____

7. Have you had any moving traffic violations in the past 10 years? If yes give full details: _____

_____

8. Are you a pilot or do you participate in any hazardous activities, such as scuba diving, sky diving, competitive skiing, hang gliding etc? If yes give details: _____

_____

9. Please give age and cause of death of any parents, brothers and sisters who are not living. _____

_____

10 List any previous or current medical conditions, mental disorders and or treatment for drug or alcohol abuse. _____

_____

_____

11. Do you plan on traveling outside the United States for anything other than vacation? If yes provide details: _____

_____

12. Do you have a family history of heart disease, diabetes or cancer? If yes provide details: _____

_____

_____