

## Ohio Insurance Options Life Insurance Quote Request Form

Please complete as much information as possible on both pages. This is a two (2) page document. Thank you.

### Section 1: CONTACT INFORMATION

First Name:	Last Name:	Address:
City:	State: Ohio    Zip Code:	Email Address:
Contact Phone Number: (    )	Best Time to Call:	

### Section 2: INSURANCE POLICY INFORMATION

What type of insurance policies do you currently own?	What are the current premiums of you current plans?
Do you plan to replace your current coverage?	
What type of insurance policy do you want?: <input type="checkbox"/> Term Life Insurance <input type="checkbox"/> Whole Life Insurance <input type="checkbox"/> Final Expense Life Insurance <input type="checkbox"/> Return of Premium Term Life Insurance <input type="checkbox"/> Universal Life Insurance <input type="checkbox"/> Variable Life Insurance <div style="text-align: right;"><input type="checkbox"/> Unsure what type of policy is right for me</div>	
<i>The basic guideline for determining the amount of Life Insurance coverage you need is 7 to 10 times the amount of income you will need to replace.</i>	
How much Life Insurance do you currently need?	How much Life Insurance will you need at age 70?

### Section 3: MEDICAL HISTORY INFORMATION

<i>The answers to the following question will only be used to find the best life insurance policy at the best price for you.</i>	
Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Height	Weight

Please mail or fax this form to:

Ohio Insurance Options  
P.O. Box 1481 Reynoldsburg, OH 43068  
Phone Number 614-737-3804    Toll-free 1-888-217-4172    Fax Number 614-737-3805

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Please complete as much information as possible on both pages. This is a two (2) page document. Thank you.

Have you ever used any tobacco products?

- Never                       Yes, cigarettes daily                       Not in the last 5 years  
 Not in the last 3 years                       Not in the last 12 months                       Nicotine patch or Gum  
 Pipe or Cigar Only

Have you ever been treated for any of the following conditions?

- None                       Alcohol or Drug Abuse                       Asthma  
 Blood Pressure                       Cancer                       Cholesterol  
 Depression or anxiety                       Heart Problems

### Section 3: MEDICAL HISTORY INFORMATION (continued)

Any major health condition that may affect the purchasing of like insurance?

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Prior to age 60 has your parents, brothers, or sisters diagnosed or died Cancer or Heart disease?     No     Yes

Have you had a DWI, DUI, reckless operation, license revocation or suspension in last five years?     No     Yes

Do you engage in hazardous sports or activities?     No     Yes

Do you have a private aviation license?     No     Yes

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