

Life / Disability Insurance Quote Form

Name: _____ Phone: _____

Address: _____

Gender: _____ Date of Birth: _____

Height: _____

Weight: _____ Smoker: _____ Medication Taken on a
Regular Basis: _____

****Need name of drug, dosage, & how many times per day it
is taken. **We need a separate form for all people who
desire coverage.**

Existing Health Conditions: _____

Limit of Life Insurance Needed: \$ _____

Per Month Limit of Disability Income Needed: \$ _____

Number of years left to pay on mortgage: _____

****Complete and fax or email the forms back to Ashley Goulette at
Upper Peninsula Insurance, 906-774-8500 phone, 774-8591 fax or
upisashley@charterinternet.com**

Thank you!