



ArrowStar Financial - Life Insurance Quote Request

Email Completed Form to: lifequotes@nfgbrokerage.com

Please complete legibly to help assure a timely fulfillment of your request

Insured Name: _____

Best Phone # _____ Email _____

Underwriting Class- (Circle One)

Super Preferred Preferred Standard Other/NA (not sure)

1. Amount of coverage: _____
2. Date of birth _____ Male _____ Female _____
3. Approx Height _____ Weight _____
4. Type of coverage: PERM/WL _____ Term _____ Universal Life _____
5. Reason for coverage? _____
6. How long do you want the coverage to last? _____
7. Tobacco User: Cigarettes _____ Vape _____ Dip/Snuff _____
8. Marijuana User: Yes _____ No _____
9. If underwriting class is "Other/NA" please describe any past or present medical conditions, surgical procedures, prescriptions taken, current levels, etc. Please be as specific as possible:
Prescription(s) Name/Dose _____

10. Adverse Driving record: Yes _____ No _____
(More than one moving violation or accident within 3 years?)
11. Criminal Record: Yes _____ No _____
What and When was the charge? Was it a Felony or Misdemeanor?

12. Ever been declined or Rated up for LIFE or HEALTH insurance policies? Yes _____ No _____
Why? _____

Agency Name _____ Contact # _____

Submitting Agent Name _____ Contact # _____

If you have questions, call 910-346-5542 Kevin x101 or Kathy x102

Additional Notes (Request carrier, Ratings, Etc.) _____
