CHAMPION AGENCY, INC.

Agent:_____
Address: _____
City:_____ State:_____ Zip:_____
Phone:_____ Fax:_____
Email:_____

Life Insurance Proposal Request Form

Client Information:

Name: _____ DOB: _____ State: _____
Height: _____ Weight: _____ Gender: Ž Male Ž Female
Nicotine Use: Ž Yes Ž No If yes, type and quantity: _____
Underwriting Class: ŽPreferred Plus ŽPreferred ŽStandard Plus ŽStandard
Medication: _____
Health Issues & Control: _____
Family History: _____

□ Parents Still Alive Ž Parent Deceased: Age_____ Cause_____

□ Cancer/Heart Disease in Parents/Siblings: Ž Yes Ž No

□ If yes, age of onset and type _____

Spouse Information:

Name: _____ DOB: _____ State: _____
Height: _____ Weight: _____ Gender: Ž Male Ž Female
Nicotine Use: Ž Yes Ž No If yes, type and quantity: _____
Underwriting Class: ŽPreferred Plus ŽPreferred ŽStandard Plus ŽStandard
Medication: _____
Health Issues & Control: _____
Family History: _____

□ Parents Still Alive Ž Parent Deceased: Age_____ Cause_____

□ Cancer/Heart Disease in Parents/Siblings: Ž Yes Ž No

□ If yes, age of onset and type _____

Client:

Term Benefit Information:

Face Amount: _____
Length: Ž5 Ž10 Ž15 Ž20 Ž25 Ž30

Universal Life Benefit Information:

Face Amount: _____

□ Endow OR □$1 Cash Value at Age___
Premium Options:
□Solve for Premium
To age: _____
□Specify Premium: $_____
To age: _____

1035 Exchange: □Yes □No
Amt:_____ Disbursements: □Yes □No
To Age:_____
Premium Mode: □A □SA □Q □M

Spouse:

Term Benefit Information:

Face Amount: _____
Length: Ž5 Ž10 Ž15 Ž20 Ž25 Ž30

Universal Life Benefit Information:

Face Amount: _____

□ Endow OR □$1 Cash Value at Age___
Premium Options:
□Solve for Premium
To age: _____
□Specify Premium: $_____
To age: _____

1035 Exchange: □Yes □No
Amt:_____
Disbursements: □Yes □No
To Age:_____
Premium Mode: □A □SA □Q □M