Individual Life & Disability Quote Request Form

Selfridge & Associates, Inc.
PO Box 1345 / 1604 State Street
New Albany, IN 47150
Phone 812-944-8400
Fax 812-944-3033
www.selfridge.net

Carriers: Cincinnati, Genworth, Banner, Chase/Protective, Standard, Illinois

Insured: _____ Phone (h) _____ (other) _____

DOB _____

Address: _____ Smoker _____

_____ Height _____

Weight _____

Health Notes: _____

_____

Family History Has a parent/sibling ever been diagnosed or treated for:

heart, kidney disease, stroke, diabetes, cancer, melanoma, suicide, Huntington's disease, sickle cell disease.

If yes, need the following information

Relation	Medical Condition	Age at Onset	Age if living	Cause of death	Age at death

Life:

Is this replacing another policy? ☐ Yes ☐ No

_____

Amount $ _____ Term Period _____ /years _____

Universal/Permanent? _____

Purpose of Insurance _____

_____

Disability:

Occupation _____ Annual Salary $ _____