

LORD & CO. INSURANCE AGENTS

Life Quote Information Request

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Business Phone: _____

Email Address: _____

Purpose of Insurance: Family Protection Mortgage Loans Buy/Sell

• Insured: _____ Amount of Coverage: _____

Date of Birth: _____ Tobacco: Yes No

Height: _____ Weight: _____

Health Conditions: _____

• Insured: _____ Amount of Coverage: _____

Date of Birth: _____ Tobacco: Yes No

Height: _____ Weight: _____

Health Conditions: _____

• Insured: _____ Amount of Coverage: _____

Date of Birth: _____ Tobacco: Yes No

Height: _____ Weight: _____

Health Conditions: _____

How did you get our name? _____

Fax completed form to Margy Sundstrom at 940.387.6962.