



PROPOSAL REQUEST

This form is used to general insurance quotes and proposals.
Please email this form to either your representative or newbusiness@idesign-network.com.

Producer Information

Producer Name: _____ Date: _____
Firm: _____
Phone: _____ Email: _____

Proposed Insured (1)

Applicant Name: _____ Male Female DOB: _____
State: _____ Zip: _____ US Citizen: Yes No
Health Rating: Excellent (SpNS) Great (Pref) Good (Std) Poor (Rtd)
Tobacco Usage: Cigarette Pipe Gum Patch Cigar Other _____
Type: UL Term *of years _____ Death Benefit: _____ Premium: _____
1035 Exchange: Yes No (if yes, list details) Details _____

Riders (if applicable): _____
Medical or History Information (Family, Medications, MVR, etc.): _____

Proposed Insured (2)

Applicant Name: _____ Male Female DOB: _____
State: _____ Zip: _____ US Citizen: Yes No
Health Rating: Excellent (SpNS) Great (Pref) Good (Std) Poor (Rtd)
Tobacco Usage: Cigarette Pipe Gum Patch Cigar Other _____
Type: UL Term *of years _____ Death Benefit: _____ Premium: _____
1035 Exchange: Yes No (if yes, list details) Details _____

Riders (if applicable): _____
Medical or History Information (Family, Medications, MVR, etc.): _____

Additional Information

Please list any additional information: _____

