

LIFE/LTC/DI Quote Request



3000 Lento Blvd.
Bethel Park, PA 15102
(412) 835-9100
(412) 831-8667 fax
info@armsins.com

AGENT INFORMATION	
Agent Name	
Phone/Fax Number	

APPLICANT INFORMATION					
NAME				PHONE	
M / F				AGE or D.O.B.	
ADDRESS				REQUESTED EFFECTIVE DATE	
CITY		STATE		ZIP	
COUNTY				TOBACCO? Y / N IF YES, HOW LONG?	
MEDICATIONS/ CONDITIONS				HEIGHT / WEIGHT	
				WORK STATUS	

Life Quote						
Plan of Insurance	Term	Whole Life	Universal Life	Survivorship	Term Period	ART 5 10 15 20 30
Premium Mode	Monthly Single Pay	Quarterly	Semi Annual	Annual	1035 X or Rollover Amount	
Rider Amounts	AD&D _____ Child _____ Spouse _____ Other _____ -			Rider Information	Name Dob Amount To Age	
Death Benefit	Notes					

Disabilty Quote				
Occupation			Salary	
Riders	Residual COLA	Guar Insurabilitily	SS Integration	
Elimination Period	Benefit Period	Monthly Benefit Amount		
Notes				

Long Term Care Quote			
Elimination Period	Benefit Period	Daily Benefit Amount	
Payment Mode	10 Pay, SinglePay, Monthly, Annually, Quarterly, Semi Annual	HHC Benefit % of Daily Benefit	50% 100%
Spouse Name	DOB	COLA	Simple Compound
Notes			