Personal Insurance Quote Questionnaire — Life Insurance

Fill in what you know — leave blanks for anything you're unsure of. An agent will gladly help with the rest.

Your Contact Info

Coverages you want quoted

☐ Auto ☐ Homeowners ☐ Renters ☐ Condo / Townhome (HO-6) ☐ Landlord / Rental Dwelling ☐ Mobile / Manufactured Home
☐ Personal Umbrella ☐ Motorcycle ☐ Boat & Watercraft ☐ RV / Motorhome / Travel Trailer ☐ ATV / UTV / Golf Cart
☐ Collector / Classic Car ☐ Jewelry & Valuables ☑ Life Insurance ☐ Probate Bond

Full Name

Date of Birth

Preferred Office

Email

Phone

Best Time to Reach You

Options: Morning · Midday · Afternoon · Evening · Any time

Marital Status

Options: Single · Married · Domestic partner · Widowed · Divorced · Separated

Occupation / Employer

Spouse / Co-Applicant Name (if any)

Spouse / Co-Applicant Date of Birth

Spouse / Co-Applicant Phone

Your Address

Home Street Address

City

State

ZIP

County

Do You Own or Rent Your Home?

Options: Own · Rent · Live with family · Other

Mailing Address (if different)

Years at This Address

Current Insurance

Bundling often saves money. Tell us who insures your auto and home today, even if you only want one of the coverages below quoted.

Current Auto Insurance Company

Current Home / Renters Insurance Company

Date You Want Coverage to Start

Current Policy Expiration (if any)

Has any insurance company cancelled, refused or non-renewed a policy for anyone in your household in the past 5 years? ☐ **Yes** ☐ **No**

If yes, please explain

Claims (past 5 years)

Any insurance claims or losses in the past 5 years for anyone in your household? ☐ **Yes** ☐ **No**

#	Date	Type of Claim	What Happened	Amount Paid
1				
2				
3				

Type of Claim: Home / Property / Auto / Water damage / Theft / Liability / Weather / Hail / Wind / Flood / Other

Personal Insurance Quote Questionnaire — Life Insurance

Fill in what you know — leave blanks for anything you're unsure of. An agent will gladly help with the rest.

Life Insurance

This helps us shop rates. Please do not include detailed medical records here; an agent will talk with you about health questions privately.

Who Is the Coverage For?
Options: Me · My spouse / partner · Both of us · A child · Someone else

Gender (of person insured)
Options: Male · Female

Date of Birth (of person insured)

Height

Weight (lbs)

Tobacco / Nicotine Use
Options: Never · Not in the last 5 years · In the last 1-5 years · Currently

Coverage Amount Wanted

Type of Coverage
Options: Term 10 yrs · Term 15 yrs · Term 20 yrs · Term 30 yrs · Whole life · Universal life · Final expense · Not sure

Main Purpose
Options: Replace income for family · Pay off mortgage / debts · Final expenses · Estate planning · Business / key person

Existing Life Insurance (amount)

Replacing a Current Policy?
Options: No · Yes · Not sure

Any major health conditions? (heart, cancer, diabetes, etc.)	☐ Yes	☐ No	If yes, just name the condition (no records needed)
Any DWI or license suspension in the past 5 years?	☐ Yes	☐ No	If yes, please explain
Any hazardous hobbies? (piloting, scuba, racing, skydiving)	☐ Yes	☐ No	If yes, please explain

#	Beneficiary Name	Relationship	Percent
1			
2			
3			

Notes & Authorization

Additional Notes or Questions for Your Agent

Helpful to include: current declarations pages, appraisals for valuables, and (for probate bonds) the court order showing the bond amount. Please do NOT write bank account or payment card numbers on this form. Social Security numbers belong only in the Probate Bond boxes.

DISCLAIMER: This worksheet is for quotation purposes only and does not bind coverage. By signing, you authorize Maxwell B. Hamrick Insurance Agency, Inc. and the insurance companies and surety companies it represents to obtain claims history, motor vehicle reports, insurance scores and (for bonds) credit information as needed to prepare accurate quotes.

Signature (type full name)

Date

Return completed form to state@mbhamrickins.com — or bring to Boiling Springs or Shelby — Questions? 1-800-993-3800