

**Nelson Insurance & Financial Services**  
**Fax Number: (508) 675-2834**

**Individual Life/Disability Insurance quote form:**

Name: \_\_\_\_\_ Gender: male \_\_\_ female \_\_\_    DOB: \_\_\_\_\_

Occupation (disability only): \_\_\_\_\_

Height \_\_\_' \_\_\_"    Weight \_\_\_\_\_ lbs.

Annual Income (disability only): \$\_\_\_\_\_

Do you use tobacco products: yes \_\_\_\_\_ no \_\_\_\_\_, if yes what kind: \_\_\_\_\_

If no, how long ago did you quit (if never used write never): \_\_\_\_\_

Have you in the past or are you currently being treated for or been diagnosed with any health conditions (if yes please describe below along with a list of medications currently taking):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_    Phone #: \_\_\_\_\_

\_\_\_\_\_    Email address: \_\_\_\_\_

How much coverage would you like a quote for: \$ \_\_\_\_\_ (if you are unsure on the amount of coverage you need, contact us and we can help you with that).

Do you currently have any life or disability coverage: yes \_\_\_ no \_\_\_, if yes which coverage do you have and much \$\_\_\_\_\_.

How would you like us to get you the quote: phone \_\_\_\_\_, email \_\_\_\_\_, mail \_\_\_\_\_ (check one)

**We will contact you with your quote as soon as possible.**

Thank you