

LIFE INSURANCE QUOTE FORM
WE OFFER LIFE INSURANCE IN: TX and NM

AIM INSURANCE AGENCY

1855 Trawood, Ste 206, El Paso, TX 79935 PO Box 370267, El Paso, TX 79937-0267
Ph. 915/598-2355 FAX 915/598-8207 Adrienne Palmer, LUTCF 915/588-4862
HOME AUTO LIFE HEALTH MOTORCYCLE MOBILE HOME COMMERCIAL
BONDS MEDICARE PLANS DENTAL ANNUITIES

INFORMATION NEEDED TO QUOTE LIFE INSURANCE:

1. Individual(s) to be covered:

<u>Name</u>	<u>Date of Birth</u>	<u>Smoker (S) or Non-Smoker (NS)</u>	<u>Height/Weight</u>	<u>Health Conditions?</u>
-------------	----------------------	--------------------------------------	----------------------	---------------------------

Medications taken? List name of medication, mg and # per day: _____

2. Type of policy preferred

- _____ Whole Life (Level insurance amount; level premium; builds cash value at guaranteed rate)
- _____ Term Life (No cash value. Provides coverage for 5 yrs, 10 yrs. 20 yrs or 30 yrs. -you choose term)
- _____ Universal Life (Level insurance amount; level premium; minimal cash value)

IMPORTANT NOTE: We can quote more than 1 type of insurance for you and different coverage amounts.

3. If insurance is for MORTGAGE protection, give approximate mortgage balance \$ _____ and # of years remaining on mortgage _____ Yrs. The Term Life plan is an excellent choice for this purpose.

4. Your Address: _____
Phone # _____ email: _____

5. If you want information on other insurance plans, please check below:

- ___ DENTAL ___ ACCIDENT PLANS ___ CRITICAL ILLNESS (lump sum payment on diagnosis of: Cancer, Heart Attack, Stroke)
- ___ Disability Income ("paycheck protection")
- ___ Medicare Plans

RETURN INFORMATION TO US BY: email, FAX, Mail or Phone-in:

AIM Insurance Agency
PO Box 370267, El Paso, TX 79937-0267
Phone: 915/598-2355
email to: info@aiminsuranceelpaso.com
or FAX us at 915/598-8207