

# United Professionals Agency, Inc.

## Life Insurance Proposal Request

Date Submitted: \_\_\_\_\_ Date Required: \_\_\_\_\_  
Name of Prospect: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
State: \_\_\_\_\_ Primary Insured Death Benefit Requested: \$ \_\_\_\_\_  
Mode of Premium:  Annual  Semi-Annual  Quarterly  Monthly Bank Draft  
Sex:  Male  Female  
Tobacco Use:  No  Yes Type: \_\_\_\_\_  
Height/Weight: \_\_\_\_\_  
Health Issues/Details/Medication(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Policy Type:

**Term** Chose One:  10-year  15-year  20-year  25-year  30-year  
 Partial Guarantee  Full Guarantee: \_\_\_\_\_  
*Term Riders Desired:*  Return of Premium  Additional Insured(s) How Many: \_\_\_\_\_  
 Amount of Death Benefit: \$ \_\_\_\_\_ Names(s) & Sex: \_\_\_\_\_  
Birthdate(s): \_\_\_\_\_ Tobacco Use:  No  Yes Type: \_\_\_\_\_  
 Child Rider: Amount of Death Benefit: \$ \_\_\_\_\_ Age of Youngest Child: \_\_\_\_\_  
 Waiver of Premium  Disability Income: Amount: \$ \_\_\_\_\_  
Other Riders: \_\_\_\_\_ Other Comments: \_\_\_\_\_

**Universal Life:** \_\_\_\_\_

**Whole Life:** \_\_\_\_\_

*UL/WL Riders Desired:*  Additional Insured(s) How many: \_\_\_\_\_  
Amount of Death Benefit: \$ \_\_\_\_\_ Name(s) & Sex: \_\_\_\_\_  
Birthdate(s): \_\_\_\_\_ Tobacco Use:  No  Yes Type: \_\_\_\_\_  
 Child Rider: Amount of Death Benefit: \$ \_\_\_\_\_ Age of Youngest Child: \_\_\_\_\_  
Other Riders: \_\_\_\_\_ Other Comments: \_\_\_\_\_

Printed Name of Agent: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

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