FOUR POINTS ADVISORY
Investments - Insurance - Wealth Management

LIFE INSURANCE iGAP QUOTE REQUEST

Rev. 2013-0407

Proposed Insured (Please Print Legibally)

First Name	Middle Initial	Last Name	Male or Female
Date of Birth	Age	Marital Status	Annual Income
Height	Weight	Have you had weight gain or loss of more that 10lbs in the last 12 mos? Explain:	
Cell Phone ( )	Office Phone ( )	eMail Address	

Spousal Information

First Name	Middle Initial	Last Name	Male or Female
Date of Birth	Age	Marital Status	Annual Income
Height	Weight	Have you had weight gain or loss of more that 10lbs in the last 12 mos? Explain:	
Cell Phone ( )	Office Phone ( )	eMail Address	

Children / Dependents

First Name	Last Name	Age	Male or Female
First Name	Last Name	Age	Male or Female
First Name	Last Name	Age	Male or Female
First Name	Last Name	Age	Male or Female

Medical Questionnaire

Answering yes to any of the following questions does not automatically disqualify you.	Client | Spouse
1.] Have you used tobacco or nicotine products within the past three (3) years?	( ) Yes ( ) No | ( ) Yes ( ) No
2.] Do you take any presectiption medication, or over the counter herbal remedies?	( ) Yes ( ) No | ( ) Yes ( ) No
3.] Do yoy have a history of cancer, diabetes, heart disease, or other health issues?	( ) Yes ( ) No | ( ) Yes ( ) No
4.] Have either of your natural parents passed prior to age 60 due to cancer or heart?	( ) Yes ( ) No | ( ) Yes ( ) No

Provide an explination if you answered "Yes" to any of the questions above.

CLIENT: How would you rate yourself in regards to your current overall health condition? ( ) - Avg ( ) Avg ( ) + Avg

SPOUSE: How would you rate yourself in regards to your current overall health condition? ( ) - Avg ( ) Avg ( ) + Avg

QUOTE REQUEST

CLIENT INSURANCE AMOUNT: $ _____ SPOUSE INSURANCE AMOUNT: $ _____

CLIENT COVERAGE PERIOD: ( ) 10 Year ( ) 15 Year ( ) 20 Year ( ) 30 Year ( ) Permanent / End of Life Inheritance

SPOUSE COVERAGE PERIOD: ( ) 10 Year ( ) 15 Year ( ) 20 Year ( ) 30 Year ( ) Permanent / End of Life Inheritance

Please return this quote request to Chuck Taylor by fax: 612-437-4920 or via email: chuck.taylor@fourpointsadvisory.com

1a. Replacement of Lost Wages

How much would it take to replace lost income and wages?

Monthly Wage to be Replaced $ _____ (/) assumed interest rate _____ % (X) 12 Mo. $ _____

1b. Final Expenses

These are bills and expenses presented for payment after death, which will have to be paid.

Burial Expenses	Attorney & Executor's Fees	Federal Estate Taxes	
Medical & Hospital Expenses	Probate Court Fees	State Death Taxes	$ _____

1c. Personal Debt & Loan Repayments

These are the personal debt obligations that a person accumulates during their lifetime.

Credit Card Balances	Auto Loans	Education Loans	
Outstanding Bills	Home Improvement Loans	Personal Bank Loans	$ _____

1d. Mortgage or Rent Protection

What would it take to pay-off your mortgages or provide for 2 years of rent?

Mortgage $ _____ Remaining Term: _____ yrs 24 Mos Rent $ _____ $ _____

1e. Education Funding

If applicable, how much will be needed to ensure your child gets a proper education?

2-Year College $	4-Year College $	Vocational Degree $	$ _____

1f. Child Daycare or Disabled Child Care

How much would you need to pay for childcare services?

Homecare $	Daycare $	Pre-School $	$ _____

1g. Short Term Financial Reserves

How much would you need to create an emergency reserve fund for at least 24 months?

Job Loss	Automotive	Reserve Fund	
Home Repairs	Medical	Other Expenses	$ _____

1h. Inheritance

Would you like to leave an inheritance to your heirs?

Number of Heirs: _____ X Inheritance Amount per Heir: _____ $ _____

FUNDING TOTAL OF LINES 1a. - 1h. $ _____

Existing Permanent Insurance

Policy Type: _____ Coverage $: _____

Policy Type: _____ Coverage $: _____

Policy Type: _____ Coverage $: _____

Policy Type: _____ Coverage $: _____

Less Total Existing Insurance (-) $ _____

REQUIRED INSURANCE : $ _____