

THE RICHARDSON AGENCY

L.L. Richardson Corporation

LIFE INSURANCE QUOTE / PRELIMINARY INTAKE FORM

Please complete all applicable fields. This form is intended to gather preliminary information for insurance quoting.

PROPOSED INSURED / APPLICANT

Full Legal Name: _____
Date of Birth: _____ Sex: _____ Marital Status: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____
Occupation: _____ Employer: _____
Annual Income (optional for initial quote): \$ _____

COVERAGE REQUESTED

Type of Coverage: ☐ Term Life ☐ Whole Life ☐ Universal Life ☐ Not Sure
Desired Death Benefit: \$ _____ Desired Term: _____
Desired Monthly Premium Range: \$ _____
Purpose: ☐ Income Replacement ☐ Mortgage ☐ Final Expenses ☐ Family Protection
☐ Business/Key Person ☐ Estate Planning ☐ Other: _____

BENEFICIARY INFORMATION

Primary Beneficiary Name: _____
Relationship: _____ Percentage: _____
Contingent Beneficiary Name: _____
Relationship: _____ Percentage: _____

GENERAL HEALTH & LIFESTYLE - PRELIMINARY

Height: _____ Weight: _____ Tobacco/Nicotine Use? ☐ No ☐ Yes
If yes, type and last use date: _____
Currently taking prescription medications? ☐ No ☐ Yes
Any significant medical conditions, surgeries, or hospitalizations? ☐ No ☐ Yes
If yes, provide brief details (carrier may request additional information): _____

Family history relevant to underwriting? ☐ No ☐ Yes Details: _____
Participate in hazardous sports/activities? ☐ No ☐ Yes Details: _____
Foreign travel/residence planned? ☐ No ☐ Yes Details: _____

EXISTING INSURANCE / REPLACEMENT

Existing life insurance? ☐ No ☐ Yes Carrier: _____
Current Death Benefit: \$ _____ Policy Type: _____
Will the proposed policy replace or change existing coverage? ☐ No ☐ Yes
If yes, explain: _____

ADDITIONAL PLANNING

Interested in coverage for: ☐ Spouse/Partner ☐ Children ☐ Business
Interested in: ☐ Disability Income ☐ Long-Term Care Options ☐ Annuities
Other goals or notes: _____

APPLICANT AUTHORIZATION

I certify that the information provided is true and complete to the best of my knowledge. I understand this is a preliminary insurance intake/quote form and is not a life insurance application issued by a carrier, does not guarantee eligibility or rates, and does not bind coverage. Additional carrier-specific applications, disclosures, medical questions, authorizations, and signatures may be required.

Applicant Signature: _____ Date: _____
Agent/Representative: _____ Date: _____

Privacy note: Do not include Social Security numbers, bank account numbers, or payment card information on this general intake form. Collect sensitive information through approved secure carrier/agency processes when required.