



DICKSON INSURANCE, INC.

Lighting the way for you insurance needs.

“Personal Service Is Our Pledge”

Date: _____

INFORMATION SHEET FOR LIFE INSURANCE QUOTE

Name: _____ DOB _____ Sex _____ Smoke: Y N

Purpose of Life Insurance _____ Amt.: _____

Spouse Name: _____ DOB _____ Sex _____ Smoke: Y N

Purpose of Life Insurance _____ Amt.: _____

Address: _____

Phone Number: _____ Cell Phone _____

Child Name: _____ Amt: _____

HEALTH QUESTIONS: Answer the following questions for ALL who are Applying for life insurance.

Has anyone been in the hospital in the past 10 Years? If Yes, Why?

Is anyone on any medications? What and why?

Weight and Height of everyone applying:

6960 Market St. Ste #109
Boardman, Ohio 44512
Email: dicksoninsurance@mail.com

Phone: 330-965-7600 or 800-242-5542
Fax: 330-965-7601
Web: www.dicksonhealthinsurance.com