



Yancy Insurance & Financial Services

AGENT: Yancy Insurance & Financial Services
2019 E Lamar Blvd, Suite 100
Arlington, TX 76006
817-277-6100 Phone
817-261-7514 Fax

Life Insurance

Applicant's Name: _____
Mailing Address: _____
City/State/Zip: _____
Email Address: _____
County: _____

PROPOSED EFFECTIVE DATE:
From _____ To _____
12:01 A.M. Standard Time at the address of the Applicant
Phone: _____
Fax: _____

APPLICANT

Date of Birth: _____ Sex: Male Female Marital Status: Married Single Widowed Divorced
Citizenship: U.S. Canada Height: _____ Weight: _____

Employer's Name: _____ Employer's Address: _____

Occupation (include duties): _____

COVERAGE

Type of Insurance: Personal Business
Length of Insurance: Permanent Term Life Length of Coverage in Years: _____
Amount of Insurance requested: \$ _____
Other Existing Insurance? Yes No Describe: _____

Known Medical Conditions: (Cancer, Diabetes, etc.) _____

Current Medications: _____

Have YOU ever used any kind of tobacco or any other product containing nicotine? Yes No
If yes, has use been discontinued? Yes No Give discontinuance date & reason(s): _____

Please give any additional comments you feel appropriate for this quotation. If you have additional information where there was not enough room above, please enter them here. _____

Applicant's Signature _____ Date: _____