

Landmark Insurance Agency LLC

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Individual Life / Health / Disability Quotation Sheet

Date: _____

Name: _____

The 3 items below are needed for disability income quotes only.

Present Address: _____

1. Occupation _____

City & Zip _____

2. Years In Business _____

Date of Birth _____ Height _____ Weight _____

3. Gross Annual Income _____

Home #: _____ Work # _____ Email Address: _____ Cell # _____

Do you use any tobacco products? _____ If yes, please indicate if cigarettes, cigar, pipe, dip or other: _____

Present Life Insurance Company _____ Amount of Coverage _____

Coverage Type (Whole, Variable, Term) _____ New Life Amount to for Quotation _____

Current Life Premium _____ (Please circle: Monthly Quarterly Semi-Annual Annual)

Please provide the following for a new coverage quote for health and/or life coverage for dependents(if requesting coverage for more than one person, please include the applicable name(s) on answers to the medical questions)

Name	Height	Weight	Smoker Yes/No?	Date of Birth	Relationship	Amount of Life Coverage Requested	If Term, # of years	SS#
1. _____								
2. _____								
3. _____								
4. _____								

Any family history of heart disease, stroke, cancer or diabetes for you, a parent, brother or sister prior to age 60? _____
If yes, please indicate the person(s) name, relationship, age at diagnosis and/or death if prior to age 60 on the line below.

Current medications for High Blood Pressure, Cholesterol or any other medical condition? _____
If yes, please indicate individual name, medical condition, date of diagnosis, name of medication(s), date prescribed, and daily dosage.

Do you participate in any hazardous sports or activities such as racing, scuba diving, piloting, etc. If yes, please indicate the type of activity: _____

Are you or any of your dependents currently pregnant? If yes, person's name _____ due date ____/____/____.

Have you or any dependent ever had a diagnosis or treatment for cancer, heart, lung, circulatory, tumor, stroke, aneurysm, mental, nervous, alcohol, drug, kidney, liver or pancreas disorder; Crohn's disease, lupus, emphysema, arthritis, back/disk disorder, MS or MD? If Yes, Please detail _____

This is only a partial listing of the information needed to accurately quote coverage for you. Other factors such as driving record, criminal record, unlisted medical conditions, and other such items may affect your rates and insurability on the various forms of insurance. If there is any other information you feel may be important or if you need additional space, please list that information on a separate sheet of paper or contact us directly with any questions. We appreciate the opportunity to service your insurance needs.