

The Baquet Agency

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LIFE QUOTE

(Print this form, fill it out and fax, send, or bring it down to our office.)

Name: _____

Address:

Phone# _____

Policy Type (circle) **Life** **Term** **Permanent**

Date of Birth _____

Sex _____

Overall Health (circle) **Excellent** **Good** **Avg** **Poor**

Smoker **Non-Smoker**

Amount you'd like to set aside monthly _____

Approx. annual income _____

Approx. Total current debt _____