

**Terry Pennington Agency, LLC**  
**Life Quote Questionnaire**

Name: \_\_\_\_\_

Mailing Address:  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Sex: Male/ Female: \_\_\_\_\_

Risk Class: Tobacco Use: Yes or No: \_\_\_\_\_

Coverage Amount Requested: \$\_\_\_\_\_

Premium Payments: Monthly, Annually, or Semi Annually: \_\_\_\_\_

Current Medications:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Surgeries:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_