



# Life Insurance Information Request Form

Please fill out all questions below as best and honestly as possible so an accurate quote can be provided.

To download a free copy of Adobe Acrobat Reader [HERE](#) to fill out and save the form prior to emailing it back to us.

Full Legal Name	
Date of Birth	
Driver's License Number	
Home Address	
Height	
Weight	
Do you use any of the following: <i>Tobacco, Delta 8/9, THC, Vaping, etc.?</i>	
Do you take any medications? If so, what are they and their medical purpose?	
Have you ever been declined for life insurance in the past?	
How much of a policy are you wanting to obtain with us? If unsure, use the formula we've provided below for a minimum starting point.	
What is your ideal budget for a premium (monthly or annually)?	
Would you like to see quotes for <b>LONG-TERM CARE</b> ?	
Conner Insurance Group offers <b>FINAL EXPENSE</b> policies that are <b>GUARANTEED ISSUED</b> with <b>NO EXAMS</b> of any kind. Would you like to see this if you are over the <b>AGE OF 60</b> and have had challenges finding traditional life insurance?	
Additional Brief Comments You'd Like to Provide	

### Recommended Life Insurance Premium Amount Formula (ADD up the L.I.F.E.)

*Loans and Liabilities (How Much Debt You Have) + Income Replacement (3 Years of Your Gross Income) + Funeral Expenses (About \$20,000.00) + Extra Expenses (Leaving Money for Children or Others) = Recommended Policy Premium Amount*

**Disclaimer:** Information that is provided on this form is to the best of my knowledge and belief. By sending this form, I provide **Conner Insurance Group (CIG)** an authorization to obtain information regarding this request to furnish a quote for insurance products. All information provided is kept confidential and is not sold to third parties or other companies. Thank you for supporting small and local businesses.

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