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Today's Date: _____ Quote needed by: _____

Insured Name: _____

Date of Birth: _____ State: _____ Male Female

Face Amount \$ _____ \$ _____ \$ _____ Pay to Age: _____

Rating Factor: _____ Need Rating Factor? Y/N _____

- Term
- Universal Standard non-nicotine
- Variable Universal Life Standard nicotine
- Whole Life
- Indexed UL
- Other

- Death Benefit: Option A- Level Monthly
- Option B- Increasing Quarterly
- Annually

Riders: Accelerated Death Benefit

- Term Life: Child Rider- None
- Child Rider- \$5,000
 - Child Rider- \$10,000

Known Medical Conditions/ Medication:

Known Hazardous Activities:

Additional Comments: _____

