



Bultman Financial Services, Inc.
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 Brookfield, WI 53005
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Fax or Mail for a Level Term Quote and Consultation

Your Name: _____ Date of Birth: _____

Spouse Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Home Phone: _____ Office Phone: _____ Fax: _____

Email Address: _____

***Completion of this form does not constitute a life insurance contract but merely a request for information.

Health Information

Your Height: _____ Weight: _____ **Spouse** Height: _____ Weight: _____

Have you or your spouse ever been treated for heart trouble, high blood pressure, cholesterol, diabetes, or cancer? Yes: _____ No: _____ **Spouse** Yes: _____ No: _____

Have you or your spouse ever sought help or received counseling or treatment for anxiety/depression, alcohol or drug abuse, or are you currently taking any medication related to these?
 Yes: _____ No: _____ **Spouse** Yes: _____ No: _____

Are you or your spouse currently taking any other medication?
 Yes: _____ No: _____ **Spouse** Yes: _____ No: _____

Have you or your spouse ever used or do you currently use tobacco/nicotine:
 Yes: _____ No: _____ Type: _____ Date Quit: _____
Spouse Yes: _____ No: _____ Type: _____ Date Quit: _____

Please explain any yes answers and any other pertinent health factors (i.e. medication, treatment, length of time since last incident...)

	Yourself		Family History Health History, Current Health, or Cause of Death	Spouse	
	Age if Living	Age at Death		Age if Living	Age at Death
Father					
Mother					
Brothers					
Sisters					

Existing Coverage: Company: _____ Amount: \$ _____
 Years premiums are guaranteed: _____ Other: _____

Amount of Total Coverage Desired: Yourself \$: _____ **Spouse** \$: _____

Length of time coverage needed: (i.e. 10, 15, 20 years or longer) Yourself: _____ **Spouse**: _____

Please fax me a quote: _____ Please mail me a quote: _____ Please email me a quote: _____