

INDIVIDUAL PROSPECT FORM

DATE: _____

CONTACT NAME: _____ E-mail _____

ADDRESS: _____

CITY/TOWN: _____ PROVINCE: _____ POSTAL CODE: _____

TELEPHONE: Office _____ Res _____

TYPE OF INSURANCE INQUIRED ABOUT:

- | | |
|--|---|
| <input type="checkbox"/> Permanent Life
<input type="checkbox"/> Mortgage/Loan Disability
<input type="checkbox"/> Critical Illness
<input type="checkbox"/> Travel Insurance | <input type="checkbox"/> Term Life
<input type="checkbox"/> Income Protection
<input type="checkbox"/> Personal Health/Dental Insurance |
|--|---|

PURPOSE OF INSURANCE

INSURANCE CURRENTLY IN FORCE?

Name of Insured	Insurer	Personal Business	Date of Issue	Amount

AMOUNT OF INSURANCE REQUIRED?

Name	Amount Required
	\$
	\$
	\$
	\$
	\$

Do any of the prospects to be insured currently suffer from any illness or medical condition or have they been declined for insurance? If so who?

Name	Illness, Medical Condition or reason for Decline

PERSONS TO BE INSURED

Full Name	Occupation	Annual Salary	Smoker	Male or Fem	Birthdate Day/mo/yr or age
			Yes <input type="checkbox"/> No <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	

Additional Comments & Information:

Where did you hear about the Doucett Insurance? Direct Mail Brochure Fax Email

Referred by: _____

Other Explain: _____

Office Use Only – Broker Assigned: _____	Date: _____	Assigned By: _____
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