

# KIMBERLEY SMITH

CHS, FINANCIAL ADVISOR

Accurately assessing your needs and goals

Experience you can trust

## INSURANCEQUOTE

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email address \_\_\_\_\_

Male Female Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Non Smoker? No Yes Smoker? No Yes - including electronic cigarette and marijuana

Currently taking any prescribed medication? No Yes

Name of medication and diagnosis \_\_\_\_\_

### Spouse/Partner

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email address \_\_\_\_\_

Male Female Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Non Smoker? No Yes Smoker? No Yes - including electronic cigarette and marijuana

Currently taking any prescribed medication? No Yes

Name of medication and diagnosis \_\_\_\_\_

Amount of mortgage \_\_\_\_\_

Ever had insurance declined or rated? No Yes

Preliminary quotes are for information purposes only.  
Full medical underwriting is required for most coverages.