



ABS
 American Brokerage Services
Transforming Insurance

American Brokerage Services
*Life * Annuities * Life Settlements*
 803 East Willow Grove Ave.
 Wyndmoor, PA 19038
 Toll Free: 888-227-3131 Ext. 600
life@absgo.com
Fax to (215) 233-3683

Insured's Name: _____ **DOB:** _____

Sex: Male Female

Face Amount: _____

Plan of Insurance: _____ **State:** _____

Individual: Term -- UL -- WL

Term Length: _____

Riders: Waiver ROP Child Rider

Smoker Status:

Non Smoker Smoker, if yes Cigarettes Chew Cigar If cigar # per Month _____

Build:

Height: _____ **Weight:** _____

Family History:

(Parent or Sibling) with a cancer or cardiovascular death prior to age 60? Yes No

If yes, details: Father Mother Sibling –

Details _____

<p>Impairments: Has proposed insured ever been diagnosed as having, been treated for:</p> <p><input type="checkbox"/> Heart Disease <input type="checkbox"/> Colitis <input type="checkbox"/> Heart Attack <input type="checkbox"/> Hepatitis <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Kidney or bladder/prostate disorder <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Chest Pain <input type="checkbox"/> Disorder or blockage of the arteries/veins <input type="checkbox"/> Asthma <input type="checkbox"/> Blood clot <input type="checkbox"/> Sleep Apnea <input type="checkbox"/> Aneurysm <input type="checkbox"/> Seizures <input type="checkbox"/> Stroke <input type="checkbox"/> Arthritis <input type="checkbox"/> Cancer or Tumors <input type="checkbox"/> Bone or Muscle disorder <input type="checkbox"/> Diabetes or other glandular problem</p>	<p>Details:</p>
<p>Medications:</p>	