

# Ranger West Financial & Insurance Services Inc.

## Life Insurance Quote

Quotes will be based on a 10 year term insurance unless otherwise specified

Our Promise - All information is treated in strictest confidence and will not be released to any third party.

**All information in RED is required.**

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E-mail Address:

Your Name:

Date of birth (DD/MM/YY):

Sex: Male  Female

Height:  cm. Weight:  Kilos

Tobacco Use:

Health Status:

Health Conditions?  
Yes  No  Explain:

Prescription Medications?  
Yes  No  Explain:

Do you engage in any hazardous activities?  
Yes  No  Explain:

Did your parents or siblings have heart disease or cancer prior to age 60??  
Yes  No  Explain:

Amount of Insurance:

How would you like to receive your quote?

Fax:  If reply by fax - Fax Number:

Email:  If reply my email – email address:

Alternate quote requests (please specify):

All comments and suggestions appreciated!