

**Marshall & Sterling, Upstate Inc.**  
**300 Route 23B**  
**Leeds, NY 12451**  
**(518)943-3900**  
**(800)724-0695**

***LIFE QUOTE REQUEST***

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

Sex: Male Female Height \_\_\_\_\_ Weight \_\_\_\_\_

Smoker/Tobacco: No Yes

Medical Conditions/Family History: \_\_\_\_\_

\_\_\_\_\_

Reason requesting life insurance \_\_\_\_\_

Any existing life insurance? \_\_\_\_\_ Replacing? \_\_\_\_\_

Policy type: Whole Universal Term Mortgage

If mortgage: amount of mortgage balance \_\_\_\_\_

remaining years of mortgage \_\_\_\_\_ Interest rate \_\_\_\_\_

If term: 10 year 15 year 20 year

Death benefit requested: \_\_\_\_\_

Would you like this illustration: faxed mailed emailed

Additional comments: \_\_\_\_\_

\_\_\_\_\_

Please fax this completed form to (518) 943-1752