



33 Main Street, Suite 201
 Nashua, NH 03064
 Bus: (800) 342-6331
 Fax: (603) 886-6524
 Email: sales@consolpro.com

Date: _____

Your Contact Information

Name:	
Address:	
City, State, Zip:	
Bus Phone:	
Cell Phone:	
Facsimile:	
Email:	

Please send my proposals back via:

- U.S. Postal Service
 Fax
 Email pdf files
 Just call with Numbers

Proposals are returned by 5:00 pm of the business day following the date of the receipt unless you specify a critical need:

Deadline Date: _____

Deadline Time: _____ am / pm

Client Data

Name:		Client 2 Name if Joint Life:	
D.O.B.:	___M ___F	Client 2 D.O.B. if Joint Life:	___M ___F
State:		Relationship to Primary:	

Underwriting Status: ___ Non Tobacco ___ Tobacco (Type of Tobacco Usage: _____)

___ Preferred BEST Rate ___ Preferred ___ Standard Plus ___ Standard ___ Table Rate or Flat Extra _____

Insurance Purpose: ___ Single Life ___ Joint Life

___ Cash Value Accumulation For : ___ Retirement Income ___ College Funding (Childrens ages: _____, _____, _____, _____)

___ Other (Please elucidate: _____)

___ Guaranteed Premium UL Guarantee Death Benefit to ___ Age 120 ___ Age 100 ___ Max Age Premium will Carry to ___ Stated Age _____

Insurance Specifics: ___ Annual Premium ___ Monthly Premium ___ Single Premium \$ _____ Specified Modal Premium

___ Whole Life ___ Universal Life ___ Indexed Universal Life ___ Please send me an alternative proposal if it produces better results!

Solve for: Cash values using the Stated premium with a Death Benefit of \$ _____

___ Premium required for a stated Death Benefit of \$ _____

___ Maximum Death Benefit for stated Premium ___ Minimum Death Benefit for the stated Premium (Maximum Cash Value)

___ 590 Plan using ___ Qualified Money ___ Non-Qualified Money with using the stated Single Premium

Instructions / Comments to help you receive what you want:
