

DPL Financial Partners

Life Quote Request



DPL Financial Partners is an expert resource for registered investment advisors (RIAs) to access low-cost, best-in-class insurance products from some of the nation's leading carriers. Client information will not be shared with third parties and will only be used to provide insurance product recommendations.

Please fill in the requested information. Return the completed form to life@dplfp.com.

Client Information

Client Name:

Client Date of Birth:

Resident State:

Gender: Male Female

Death Benefit Amount:

Term Length (In Years):

Convertible: Yes No

Assumed Health Rating: Preferred Plus Preferred Select Standard

Purpose of Insurance & Client Goals:

Tobacco, Nicotine, & Marijuana Use

Any tobacco / nicotine use? Yes* No

*If yes, type of product used?

*If yes, what was the date last used?

Any marijuana use? Yes* No

*If yes, type of product used?

*If yes, frequency of product use?

Medical Questions

Height:

Weight:

Medications:

Check any that apply:

Heart Disease	Cancer History	Stroke History	Arthritis
Diabetes	Back Disorders	Neck Disorders	Spine Disorder
Mental Illness	Migraines	Blood Disorders	Joint Disorder
Circulatory Disorder	Sleep Disorders	Skin Disorders	
Respiratory Disorder	Digestive System Disorders	Drug / Alcohol / Substance Abuse	

Any boxes checked above please provide details and history of treatment to include dates: