

**Texas Insurance Exchange (TXIE.com)**

855 Davis Blvd, Ste 600

Southlake, TX 76092

Ph: 817-410-2333

**Fax: 817-251-2424**

LIFE INSURANCE

(Attach additional information as needed – Fax to 817-251-2424)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone (wk): \_\_\_\_\_

Phone (hm): \_\_\_\_\_ Phone (other): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex:  Male  Female    Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Smoker/Tobacco User (*in the last 24 mos*):  Yes  No

Occupation: \_\_\_\_\_

Have you had life insurance in the past that has been canceled or denied:  Yes  No

If yes, please explain: \_\_\_\_\_

Amount of Coverage Desired: \_\_\_\_\_

Insurance Desired:  Permanent     Term Life    Number of Years: \_\_\_\_\_

General Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any other information you feel is important and/or relevant to quoting your Life Insurance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_