J. Archer Insurance Group

# Life Quick Quote

5252 Westchester St., Ste 260, Houston, TX 77005 • 281-501-8331 info@archerinsgroup.com • www.archerinsgroup.com

**Life Quick Quote — the essentials to get indications and start a full application.**

Complete the essentials below to receive coverage indications. For formal underwriting we will follow up with the full application. Type N/A where a field does not apply. Return by email to service@archerinsgroup.com.

## PROPOSED INSURED

**Date Needed / Due** | **Desired Effective Date** | **How Did You Hear About Us?** Select One | **Referred By (name)**

**Proposed Insured — Full Legal Name** | **Date of Birth** | **Gender** Select One | **State of Residence** Select One

**Phone Number** | **Best Time to Call** | **Can We Text You?** Select One | **Email**

**SSN (optional)** | **Occupation / Profession** | **Approx. Annual Income $**

## COVERAGE REQUESTED

*check the product(s) of interest*

- ☐ Term Life
- ☐ Whole Life
- ☐ Universal Life / IUL
- ☐ Final Expense
- ☐ Not sure — recommend for me

**Face Amount Requested $** | **Term Length (if term)** | **Payment Mode** Select One | **Total Life In Force $**

**Do you have a set budget you do not want to exceed?** Select One | **Maximum Budget $** | **Budget Basis** Select One | **Replace existing coverage?** Select One

**Purpose of Coverage (income replacement, mortgage, final expense, estate, business, etc.)**

## ADVANCED / HIGH-NET-WORTH TAX PLANNING (OPTIONAL)

*High-net-worth? Permanent life can minimize income & estate taxes — tax-deferred cash value, tax-free policy loans, and an ILIT-owned death benefit outside the taxable estate. Ask about premium-financed and defined benefit / cash-balance funding. JAIG coordinates with your CPA / attorney and does not provide tax or legal advice. Check any of interest:*

- ☐ Estate-tax liquidity / wealth transfer
- ☐ Premium-financed policy
- ☐ Defined benefit / cash-balance
- ☐ Tax-deferred cash value / ILIT
- ☐ Tax-free income via policy loans
- ☐ Not sure — recommend a strategy

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## HEALTH SNAPSHOT

*drives the rate class on your indication*

**Height** | **Weight (lbs)** | **Tobacco / Nicotine Use** Select One | **Expected Rate Class** Select One

| | | |
|---|---|---|
| **Ever been treated for heart disease, cancer, stroke, or diabetes?** | Yes | No |
| **Any surgery, hospitalization, or ongoing treatment in the last 2 years?** | Yes | No |
| **Currently disabled or applying for disability benefits?** | Yes | No |
| **DUI / DWI or license suspension in the last 5 years?** | Yes | No |
| **Hazardous activities or aviation (pilot, racing, scuba, etc.)?** | Yes | No |
| **Ever been declined, postponed, or rated for life insurance?** | Yes | No |

**Current medications & details for any "Yes" above (condition, date, treatment, status)**

## BENEFICIARY

### PRIMARY BENEFICIARY

**Full Name** | **Relationship** | **Date of Birth** | **Distribution %**

### CONTINGENT BENEFICIARY

**Full Name** | **Relationship** | **Date of Birth** | **Distribution %**

## AUTHORIZATION & RETURN

**Authorization & Broker of Record / Exclusive Representation Acknowledgment**
I authorize J. Archer Insurance Group to obtain the information needed to market my coverage and to act as my exclusive broker for this submission. I certify the above is true and complete to the best of my knowledge. Indications are non-binding until a policy is issued.

**Applicant Signature** | **Date** | **Print Name**

**Save the completed form and email it to service@archerinsgroup.com**

*Fillable in Adobe Acrobat / Reader — or print, complete, and return by email. Questions? Call 281-501-8331.*

**YOUR DEDICATED LIFE & WEALTH TEAM LEADS**

Chazity Logan — Account Manager (strategy, quoting & renewal support)
Jonalyn Awicde — (admin and service support)

**Return completed form to service@archerinsgroup.com** *281-501-8331 • Se habla español*