



PITTSBURGH BROKERAGE SERVICES, INC.
LIFE INSURANCE QUOTE REQUEST



____ / ____ / ____

Broker's Name _____ Phone # _____

Firm & Address: _____

E-mail: _____ Fax: _____

Requested by _____ on ____ / ____ / ____ Needed by ____ / ____ / ____

Method of Delivery: E-Mail / Fax / Mail / Pickup / Deliver

Client : _____ M / F Client: _____ M / F

DOB: _____ DOB: _____

Face Amount #1 _____ Face Amount #2 _____

Circle Needs: 10yr 15yr 20yr 25yr 30yr Guaranteed UL Cash Value Product

Underwriting Questionnaire:

1. Tobacco/Nicotine: ___ Yes ___ No Last Use: ___1yr ___3yrs ___5yrs ___Never
 Check All that apply: ___ Cigarettes ___ Pipe ___ Cigar ___ Smokeless How often _____
2. Hypertension: ___ Yes ___ No Treated with _____
 Recent Reading _____
3. Cholesterol: Total Levels _____ HDL _____ LDL _____ Ratio: _____
 Treated With _____
4. Family History: Parent or Sibling history of heart/diabetes/cancer/death: ___ Yes ___ No What Age ___
 Details: _____
5. Motor Vehicle Record: Favorable ___ Yes ___ No Details: _____
6. Build: Height _____ Weight _____ Weight Loss pas year _____
7. Health History: Do you see a doctor regularly? _____ Last visit/check-up _____
8. Other: Other medical history, medications, international travel, etc.:

PLEASE RETURN VIA E-MAIL TO OUR LIFE INSURANCE SPECIALIST, GREG HALL, AT
 GREG.HALL@CAPITASFINANCIAL.COM OR FAX WITH A COVERSHEET TO 412.446.1350.