

Fax to: Centurion Agency @ 516-825-0953

Date: _____

From: _____

Fax proposal to: _____
(indicate your fax # above)

Life Insurance Proposal Sheet

Insurance Company To Quote: _____

Name of Insured: _____

Male or Female
(circle one)

Date of Birth (or age nearest): _____

Smoker or Non-Smoker
(circle one)

Plan Type: _____

Death Benefit Amount: _____

Waiver of Premium: Yes or No
(circle one)

Additional Remarks or Riders:

Note: We will fax all quotes back to your fax number indicated above unless you request otherwise. All quotes will be made using the best available preferred rates unless you indicate otherwise. If you need applications please indicate your request above. Thank you.
Our fax machine is always on to receive your requests; also our voice mail is always available for your messages should you need to call us after 5PM. **Make copies of this sheet for your future use.**