# WEST TEXAS INSURANCE EXCHANGE, INC.

*Professional insurance services with friendly people*

**Fax quote request to 432-333-6803 attention Kelly McGuire or email to Kelly@wtie.net**

## Life Insurance Quote Request

**NAME**_____

**DATE-OF-BIRTH**_____ **HEIGHT** _____ **WEIGHT**_____

**ADDRESS**_____ **CITY**_____**, TX**

**ZIP**_____

**DAY TIME PHONE NUMBER**_____

**Male**☐ **Female**☐

**Coverage Limits:**
**$100,000**☐ **$250,000**☐ **$500,000**☐ **$750,000**☐ **$1,000,000**☐

**Term of Coverage:**
**5 years** ☐ **10 years**☐ **15 years** ☐ **20 years** ☐ **30 years** ☐

**Payment Option:**
**Monthly**☐ **Quarterly**☐ **Semi-Annually**☐ **Annually**☐

**Tobacco User** (within the past 12 months)**: No**☐ **Yes**☐ (check below all that apply)
**Cigarette**☐ **Cigar**☐ **Pipe**☐ **Snuff**☐ **Chewing Tobacco**☐

**Health Conditions: (**note all known and past health issues)

| Condition | Status |
|---|---|
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*All information entered on this form is true and correct to the best of my knowledge. All quotes are subject to underwriting criteria and availability of rates. By sending this form you are authorizing* ***West Texas Insurance Exchange, Inc.,*** *to obtain all reports necessary to quote your coverage with companies available to us. These reports may contain health records, credit reports, driving records and claim history.*