

ATLANTALIFE®

General Agency

Email: ALGA@atlantallife.com
Phone: 404-654-8842
Fax: 404-654-8869

LIFE INSURANCE-REFERRAL FORM

Agent Name: _____
Date: _____
Phone: _____
Business Email: _____

Customer Name: _____ Address: _____
Date of Birth: _____
Height _____ ft _____ inches City: _____ State: _____ Zip: _____
Weight _____ lbs
Contact Phone Number: () _____ - _____ Best Time to Call: _____
Email: _____
Face Amount Desired: \$ _____

TYPE OF LIFE INSURANCE DESIRED

Whole Life

Universal Life

Term Life

If you have selected Term Life, please check an option below:

10 year

15 year

20 year

30 year

HEALTH QUESTIONS

Smoker Non-Smoker

Do you have any past or current medical issues?

Yes No

If "yes", please explain in the space provided →

Medical Issue(s) Explanation:

