

**QUOTE  
DISCOVERY  
QUESTIONNAIRE  
(Not An Application)**

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_

City

State

ZIP

3. Phone \_\_\_\_\_ E-Mail \_\_\_\_\_ FAX \_\_\_\_\_

4. Birth Date \_\_\_\_\_

5. Male  Female  Married  Single

6. Your Height? \_\_\_\_\_ Your Weight? \_\_\_\_\_

7. Do you smoke?  Yes  No

8. If married, Spouse Birth Date? \_\_\_\_\_

9. Are you a Diabetic?  Yes  No

10. Are you insulin dependent?  Yes  No

11. Do you now use a cane?  Yes  No

12. Do you use a Walker?  Yes  No

13. Do you use a Wheelchair?  Yes  No

14. Do you use any other help equipment?  Yes  No

15. Have you required assistance in everyday activities?  Yes  No

16. In the past 5 years have you:

a. Been confined to a hospital?  Yes  No

b. Been confined to a Nursing Home?  Yes  No

c. Been in a Home Care service?  Yes  No

d. Had long-term care services?  Yes  No

e. Received rehabilitation care?  Yes  No

17. Describe:

A. Any Health Care problems? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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B. List the Prescription medication you now take?


C. Do you currently own a Long-Term Care Policy?  Yes  No

**18. Benefits Requested:**

A. Benefit Period Desired? \_\_\_\_\_

B. Daily Benefit – Nursing Home Coverage? \_\_\_\_\_

C. Daily Benefit – Home & Community Care? \_\_\_\_\_

D. If the average cost per month is \$5,000 to stay in a Nursing Home,  
How long could you pay from Cash assets only? Weeks \_\_\_\_\_ Months \_\_\_\_\_

E. Cost of Living Adjustment?  Yes  No

**19. Best time to contact you?**

A.  Morning  Afternoon  Evening  Anytime

B. Day of Week \_\_\_\_\_

C. Any other person to contact? \_\_\_\_\_  
\_\_\_\_\_

**F. D. Lindsey  
State Licensed Agent/Producer**

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date