
RAPID REVIEW FORM

Date: _____

From: _____ Phone Number: _____

Producer ID (Solicitor): _____ Fax Number: _____

Client's Name: _____ Date of Birth: _____

Nicotine Use: Y or N Gender: M or F

If nicotine ever used, date last used: _____ Height: _____ Weight: _____

Plan of Insurance: _____ Face Amount: _____

Case Summary (Include pertinent medical history, current medications, or any other considerations):

Tentative Quote (based on above information)

Note: This quote is not binding upon the insurer and is subject to change upon later underwriting.

Underwriter: _____ Date: _____

