

Mercier Financial Services

Insurance Quote

CONTACT INFO - Client #1

Name: _____ Gender _____

Birth date _____

Province you live in: _____

Are you a smoker? Yes _____ or No _____

E-Mail Address: _____

Occupation _____ Income: _____ (salary, hourly or commission)

CONTACT INFO - Client #2

Name: _____ Gender _____

Birth date _____

Province you live in: _____

Are you a smoker? Yes _____ or No _____

E-Mail Address: _____

Occupation _____ Income: _____ (salary, hourly or commission)

Have you ever been declined for any type of Insurance: (Life, Critical or disability): Yes ___ or No ___

If YES, explain briefly what type and how long ago?

Is there any Health related issues? Such as Diabetes, High Blood Pressure etc....

