



Since 1992

Northeast Insurance Center

LIFE INSURANCE APPLICATION

Name : _____
 Address: _____
 Phone Number: _____
 Email Address: _____
 D.O.B. _____

Smoker Yes No

Weight (lbs) _____
 Height: _____

AGE	TERM	\$250,000*	\$1,000,000*
35	10 YEARS	\$162	\$310
40	10 YEARS	\$189	\$400
45	10 YEARS	\$267	\$700
50	10 YEARS	\$386	\$1090
55	10 YEARS	\$571	\$1800

**Rates may vary depending upon underwriting & health information*

EXAMPLE: 40 YR OLD MALE NON-SMOKER

\$250,000 - 10 YR TERM, \$300.00 YR

Amount of Insurance requests:

- \$50,000 \$100,000
 \$250,000 \$500,000
 \$1,000,000

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