



# Leading Edge Insurance

[www.LeadingEdgeInsurance.com](http://www.LeadingEdgeInsurance.com)

888.677.6575

Life Insurance, Long Term Care, Annuities, Disability Insurance,  
Investments, Critical Illness Insurance

Broker Name \_\_\_\_\_ Affiliation \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Illustration to be received by: Mail \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

## PLEASE SUBMIT FOR A Long Term Care QUOTE REQUEST

### Client Information

• Name:	
• Age / D.O.B.:	
• Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
• Health Class:	<input type="checkbox"/> Standard <input type="checkbox"/> Standard Better <input type="checkbox"/> Preferred <input type="checkbox"/> Preferred Best
• Tobacco Use:	<input type="checkbox"/> No <input type="checkbox"/> Yes - specify
• Daily Benefit Amount:	\$
• Home Care:	<input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%
• Benefit Period:	<input type="checkbox"/> 2 years; <input type="checkbox"/> 4 years; <input type="checkbox"/> Lifetime; <input type="checkbox"/> Other
• Elimination Period:	<input type="checkbox"/> 0 days; <input type="checkbox"/> 30 days; <input type="checkbox"/> 90 days; <input type="checkbox"/> Other
• Inflation:	<input type="checkbox"/> Simple <input type="checkbox"/> Compound <input type="checkbox"/> COLI

### Spouse

• Name:	
• Age / D.O.B.:	
• Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
• Health Class:	<input type="checkbox"/> Standard <input type="checkbox"/> Standard Better <input type="checkbox"/> Preferred <input type="checkbox"/> Preferred Best
• Tobacco Use:	<input type="checkbox"/> No <input type="checkbox"/> Yes - specify
• Duplicate the benefits from above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "NO", please complete the following:	
• Daily Benefit Amount:	\$
• Home Care:	<input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%
• Benefit Period:	<input type="checkbox"/> 2 years; <input type="checkbox"/> 4 years; <input type="checkbox"/> Lifetime; <input type="checkbox"/> Other
• Elimination Period:	<input type="checkbox"/> 0 days; <input type="checkbox"/> 30 days; <input type="checkbox"/> 90 days; <input type="checkbox"/> Other
• Inflation:	<input type="checkbox"/> Simple <input type="checkbox"/> Compound <input type="checkbox"/> COLI
• Comments:	

To obtain a Quote, please FAX this form to **281.579.9204**

Or call Toll Free **888.677.6575** Email: [office@LeadingEdgeInsurance.com](mailto:office@LeadingEdgeInsurance.com)

We will provide you the best quotes from the industry's leading carriers.

You can also request quotes ONLINE:

[www.LeadingEdgeInsurance.com](http://www.LeadingEdgeInsurance.com)

LEADING EDGE - P.O. Box 218967; Houston, TX 77218 ; Phone (281)579-9244; Fax (281)579-9204

If you wish to be removed from our list, please FAX this form to **281.579.9204**, or call TollFree **888.677.6575**