



Frank J. Schiappa

Certified Public Accountant

Life Insurance Quote Information

Please print this page, fill it out, gather the supporting documentation listed below and fax it to 508-875-6405 or email it to Dan@schiazza.net.

1. Name (First, Middle, Last) _____

2. Date of Birth: _____ Gender: Male Female (please circle one)

3. Contact Information:

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____

Home Phone #: _____

Work Phone #: _____

Email Address: _____

4. Tobacco usage, please circle one: Yes or No

5. Life Insurance Product, please circle one: Term or Whole Life

6. Desired coverage level (\$200,000.00, \$500,000.00, etc.): _____

7. Desired duration of term coverage if applicable, please circle one:

10 years 15 years 20 years 30 years

8. For Business related insurance products only:

How long has the business been in existence (Date of Incorporation?) _____

Business purpose of the coverage: Buy-Sell Agreement or Key Employee Insurance - please specify:

We look forward to assisting you with your insurance needs! Please contact Dan Schiappa if you need immediate assistance Dan@schiazza.net.

Registered Health, Life & AD&D Insurance Business

Frank J. Schiappa, CPA

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