

John L. Campbell Insurance Agency, Inc.

PO Box 4497, Laguna Beach, CA 92652-4497 • 247-A Forest Avenue, Laguna Beach, CA 92651
Office 949.494.1008 • Fax 949.497.9830 • jl.campbell@verizon.net • License #0664546

LIFE QUOTATION INFO:

Name _____

Mailing Address _____

Phone Numbers: Home _____ Work _____ Cell _____

E-Mail Address _____

Existing Insurance (if any): Carrier _____ Premium _____

Policy Type: Term _____ Universal _____ Whole _____ Death Benefit _____

Quote Request:

Term: 10yr _____ 15yr _____ 20yr _____ 30yr _____ Universal Life _____ Whole Life _____

Death Benefit Amount _____

Include Waiver of Premium _____ (Waiver of Premium pays the policy premium if you are disabled for 6 months or longer.)

How much does your family need?

Amount of Mortgage _____ Amount of other debts _____

Amount of income your family needs to replace _____

What interest rate will you receive on your investment? (i.e.: 4%, 6%, etc.) _____

Questions or comments:
