

Long Term Care Quote Request

Fill in the form below to receive an LTC Product Quote:

Fields marked with * are required

Long Term Care Quote Request Form:

* Broker Name: Beach Cities Insurance Services

* Address: P.O.Box 185

* City: Corona Del Mar

* State: CA * Zip: 92625

Phone #: Fax #: (949)720-1489

E-mail Address: bryan@beachins.com

Return Method: Fax Mail Broker Pick-Up E-mail

Insurance Company Preference if any:

Plan:

State:

Client:

* Name:

* Birthdate:

* Sex: Male Female

Rate Class: Preferred Standard

Daily Benefit Amount:

Home Care: 50% 75% 100%

Benefit Period: 2 year 4 year Lifetime Other:

Elimination Period (days): 0 30 90 Other:

Inflation: Simple Compound COLI

Spouse:

Name: _____

Birthdate:

Sex: Male Female

Rate Class: Preferred Standard

Duplicate Benefits From Above?: Yes No

If No, please complete the following:

Daily Benefit Amount:

Home Care: 50% 75% 100%

Benefit Period : 2 year 4 year Lifetime Other:

Elimination Period (days): 0 30 90 Other:

Inflation: Simple Compound COLI

Pre-Underwriting:

Please list any additional comments, as well as any significant health conditions, associated medications AND/OR hospitalizations in the last 5 years.