



RIGBY
GROUP BENEFITS

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Life Insurance Quote Form

For a no obligation life insurance quote, download and complete the following form, and then fax the form to us at **1-630-964-5506**. We'll research the cost of life insurance from over 200 life insurance companies and present the best selections to you.

Name: _____ **Gender:** Male Female
Date of Birth: _____ **Occupation:** _____
Address: _____
City: _____ **State:** _____
Phone Number - Day: _____ **Evening:** _____
Type of Coverage: Term Whole Life **Amount of Coverage:** _____
Smoking Status: Nonsmoker Smoker **If Smoker, How long?** _____
Purpose of Coverage: (check all that apply)

- Family Income Protection
- Business Insurance
- Estate planning
- College funding
- Retirement