



Life Insurance
application

376 Broadway, PO Box 1038
Schenectady, NY 12301
MerriamInsurance.com
(877)MERRIAM (637-7426)
Fax: (518) 346-0996
insurance@MerriamInsurance.com

Name: _____

Sex: Male Female

Address: _____

City: _____

State: _____ ZIP: _____

Home Phone: _____

Work Phone: _____ Ext: _____

Email Address: _____

Date of Birth: _____

Age: _____ Occupation: _____

Amount of Coverage Desired: _____

Type of Insurance Desired: _____ Term _____ Permanent _____

In the Last 12 Months Have You Smoked or Used Tobacco Products: Yes No

Health: Excellent Good Fair Poor

Filling out this form does not guarantee that we can provide you with insurance coverage. We will contact you for more information.

All quotes are subject to inspection.