



Client Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

       Year Term Quotes

Policy Amount

Premium

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_



Lafayette Life Insurance Company

