

From: LifeQuote [\[mailto:quotes@lifequote.com\]](mailto:quotes@lifequote.com)

Sent: Friday, March 05, 2004 9:48 AM

To: LifeQuote

Subject: Coverage Request

COVERAGE REQUEST FORM: Date: 3/5/2004

Case N: 5579

First name: Michael

Last name: Roberts

Address:

Street: 1229 620th

City: Storm Lake

State: Iowa

ZIP: 50588

Contact Information:

Day Phone: 7127325555

Evening Phone: 7126609999

Fax: 9284415491

Email: life@mile2.com

Birth Month:

Birth Day:

Birth Year: 196

Gender: M

Height: 5Ft. 10inch.

Weight: 168 Lbs.

Tobacco Use: Never

Tobacco Present Type: NA

Tobacco Former Type: NA

Tobacco Former Year Quit:

Coverage Amount Selected: \$1000000.00

Mode Of Payment: A

Additional Questions:

Beneficiary: my children in trust to my wife

Travel Plans: No

Flying: No

Hazardous: No

Drivers: No

Benefits: No

Insurance Restricted: No

Replace: No

Pending: No

Medications: no

High Blood pressure or Cholesterol Diagnosis: no

Heart condition, Cancer, or Diabetes Diagnosis: no

Parents or Siblings Diagnosis: no

Other Insurance: Yes

Company Information:

Company: Ohio National Life Assurance Corporation

Product: Term 10

Premium: \$285.00