



Quantum Life

Powered by ORG

AN INTEGRITY COMPANY

Quantum OID Request Form

By completing this request and submitting it to Quantum Powered by ORG, the agent listed below authorizes ORG to contact the client solely for the purposes of completing an insurance transaction.

CLIENT INFORMATION

Proposed Insured: _____ Occupation: _____

Date of Birth: _____ State: _____

Primary Phone: _____ Email: _____

Any Previously Discussed Health Concerns:

PRODUCT INFORMATION

Type of Insurance Discussed:

Life Long-Term Care Disability

Goal for Insurance:

AGENT INFORMATION

Agent Name: _____ Email: _____

Primary Phone: _____

ANY ADDITIONAL NOTES