



KAMM INSURANCE
GROUP

WILLIAM J KAMM & SONS
MYERS-BRIGGS & COMPANY

7N024 MEDINAH ROAD
P.O. BOX 129
MEDINAH, IL 60157
P 630-980-5000
F 630-980-2425

WWW.KAMMGROUP.COM

Life & Disability Insurance Application

Please return this form to: Dan McNair
P 630-980-2111
F 630-980-2411
E life@kammgroup.com

Contact Information

Name _____
Address _____
City _____ State _____ ZIP Code _____
Phone _____ Email _____

Health Information

Date of Birth _____ Smoker Yes No
Height _____ Weight _____

Health Conditions

In order to present you with an accurate proposal, the life and disability companies require this information. Please leave this area blank if you do not have any conditions that were diagnosed and you are not on medication.

Insurance Information

Coverage Amount \$ _____

Insurance Type (check all that apply) Term Life Universal Life Whole Life
 Individual Disability (please complete questions below)
Occupation _____ Salary _____

We take your privacy seriously and any information here is confidential and used exclusively between Kamm Insurance Group and the individual life/disability insurance carrier.