



# AGENT'S REPORT

(NAME OF INSURANCE COMPANY MUST BE INSERTED BEFORE THIS FORM IS USED)

## 1. PROPOSED INSURED (PI)

Name of Proposed Insured (Please Print)	Case ID
First Name:	Social Security # / Gov't ID
Middle Name:	Date of Birth (mm/dd/yyyy)
Last Name:	

## 2. AGENT'S REPORT

The following questions relate to the proposed insured and are to be answered by the agent or broker of record. (Must be completed for all Applications) If you answer "Yes" to any question, you must explain in Remarks.

a. What is the purpose of this insurance?

- Personal  Income Replacement      Business  Key Person       Other: \_\_\_\_\_  
 Estate Conservation       Stock Redemption  
 Debt Repayment       Loan Indemnification

Give details including financial information (for amounts of \$500,000 or more, financial statements may be requested.)

b. Are you related to the Proposed Insured(s)?  Yes  No

If "Yes", state relationship: \_\_\_\_\_

c. How long have you known the Proposed Insured(s)?

d. Do you have any information not presented in this application which might in any way affect this risk?  Yes  No

If "Yes", explain in Remarks.

e. What rate class was quoted?

f. Have age/amount medical requirements been ordered? If "Yes", list date and Provider with whom scheduled, if known.

Provider Name: \_\_\_\_\_  Yes  No

Date of Appointment (mm/dd/yyyy): \_\_\_\_\_

g. If the Proposed Insured is a minor, please indicate the amount of insurance in force for each parent or sibling.

Father: \$ \_\_\_\_\_ Siblings: \$ \_\_\_\_\_  
Mother: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

If parents or siblings are not insured, list reason in Remarks.

Does he / she live with his / her parents?  Yes  No

State the name of the person responsible for the child's support, his or her relationship to the child and how much insurance is in force on his or her life. If neither this person nor the minor is the Owner / Applicant, explain in Remarks.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Amount of Insurance: \$ \_\_\_\_\_

h. Were there any Proposed Insured(s) whom you did not see when you took the application?  Yes  No

If "Yes", whom? \_\_\_\_\_

i. Does the Proposed Insured speak english?  Yes  No

If "No", were the application and all solicitation materials interpreted for the Proposed Insured and Owner?  Yes  No

If "No", will the policy form be interpreted for the Owner?  Yes  No

## 3. REMARKS

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**4. COMMISSION**

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Complete for each licensed agent to receive a commission. Total commission share(s) to equal 100%. Each licensed agent will share equally unless otherwise indicated.

Name of Licensed Producer (Please Print)	Agent Number	Agency Number
First Name:	General Agent / Managing Agency Name	
Middle Name:	General Agent / Managing Agency Number	
Last Name:	General Agent / Managing Agency Number	
Social Security # / Gov't ID	Agent's Commission Share %:	
Name of Licensed Producer (Please Print)	Agent Number	Agency Number
First Name:	General Agent / Managing Agency Name	
Middle Name:	General Agent / Managing Agency Number	
Last Name:	General Agent / Managing Agency Number	
Social Security # / Gov't ID	Agent's Commission Share %:	

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**5. PRODUCER STATEMENT**

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I hereby certify that to the best of my knowledge and belief the information provided in this report by the Proposed Insured/Owner in the application is complete, accurate and correctly recorded; and there is nothing adversely affecting the insurability of the Proposed Insured/Owner other than as indicated in the application. I also certify that I gave all required forms on or before the date the application was taken, and the insurance being applied for is suitable for the Owner's insurance needs and financial objectives.

Signature of Producer	Date (mm/dd/yyyy)
Signature of Producer	Date (mm/dd/yyyy)

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