

REQUEST FOR TERM LIFE INSURANCE

American General • Banner • North American • John Hancock • Mutual of Omaha • PAC Life • Protective • SBLI

PROPOSED INSURED INFORMATION

First Name:	Last Name:	Date
Date of birth:	SSN:	Male Female
Physical address:		
City:	State:	ZIP Code:
State of Birth:	DL #:	State Issued:
Preferred Phone:	Evening Phone:	Cell:
Best date to contact:	Best time to contact:	
Email Address:	Occupation:	
Is Proposed a US Citizen? Yes No		
Is the owner other than the Proposed Insured? Yes No	Who:	Relationship:
Will there be a Payor other than the insured? Yes No	Who:	Relationship:

POLICY INFORMATION

Carrier:		
Benefit Amount:	Product Name:	Premium Quoted:
State of Sale:	Policy Delivery State:	Rate Class Quoted:
Premium Mode: Annual Semi-Annual Quarterly Monthly Draft		
Optional Riders: Children's Insurance # of Units:	Waiver of Premium:	Acc Death Benefit Amount:
Any other existing insurance or annuities? Yes No	Will it be replaced? Yes No	
Name of current carrier:	Policy #:	Date of issue:
Amount of current coverage:		
If additional policies are being replaced, please use remarks section below.		
Purpose of insurance: Income Replacement Family Protection Debt Replacement Other:		

ELECTRONIC POLICY DELIVERY

Does the policy owner want the policy to be delivered electronically? Yes No (Email Address Must Be Above)		
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BENEFICIARY INFORMATION

Beneficiary:	Primary Contingent	% Share:
Relationship:	SS#:	Date of Birth:
Beneficiary:	Primary Contingent	% Share:
Relationship:	SS#:	Date of Birth:

FINANCIAL INFORMATION

Gross Annual Income:	Household Income (if gross income is zero):
Total Assets:	Total Liabilities:

PROPOSED INSURED HISTORY

Has the proposed insured had any life insurance declined, postponed or offered other than applied for? Yes No	
Is proposed insured taking any prescription medications? Yes No	If so, list in additional remarks.
Does the proposed insured have a history of alcohol or substance abuse? Yes No	
Has the proposed insured had more than two motor vehicle moving violations in the past three years? Yes No	
Any DUIs or DWIs in the past? 5 years 3 years	

Lovett Financial EZ E-App
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PROPOSED INSURED HISTORY - Continued

Has proposed insured ever used tobacco in any form? Yes		No		What Type:	
Last Used? 0 to 12 Months		12 to 24 Months		24 to 36 Months	
				36 to 60 Months	
Has either parent or sibling had a history of cardiovascular disease or cancer before age 60? Cardio				Cancer	
Has either parent died as a result of cardiovascular disease or cancer before age 60? Cardio				Cancer	
Have both parents died as a result of cardiovascular disease before age 60? Yes				No	
What is the proposed insured's? Height:			Weight:		
Does the proposed insured participate in any hazardous activities, such as piloting an aircraft, scuba diving, motor vehicle racing, etc? If so, please give details:					
Does the proposed insured plan to travel outside of the US any time in the near future?					
Where:		When:		How long:	
Where:		When:		How Long:	

ADDITIONAL REMARKS

AGENT INFORMATION

Agent name:			Share of Commissions:		
Phone #:		Email Address:			
Agent name:			Share of Commissions:		
Phone #:		Email Address:			
How long have you known the proposed insured:				Are you related: Yes	
				No	
Date completed:					

Send completed form by email to newbusiness@lovettfinancial.net or fax to 813.935.2605

This is not an application for life insurance coverage. Completing this form will in no way serve to create or commence life insurance coverage. Completing this form does not mean that coverage is in effect.



813.936.9193 or 813.935.2605 FAX
 Email: newbusiness@lovettfinancial.net

What Happens Next



Client Step-by-Step Guide – Important Information You Need to Know

Step 1) Within 48 hours an insurance company representative will call you to complete the interview for your life insurance application. This process typically takes 25 to 35 minutes but actual times may vary depending on individual circumstances. Please have the following required information prepared to save time during the call:



- List of medications you take
- Personal and household income
- Names, Addresses, and Phone Numbers of your doctors and medical care providers
- Assets, liabilities, and net worth
- Driver's license number
- Current Life Insurance Coverage: Company, Face Amount, Policy Number and Year Issued

Step 2) Medical Exam Scheduled at Your Convenience. This may be done at the end of your interview or on a separate call. Please be prepared with some available dates and times.

Please remember, your exam will include a blood draw which requires a 12 hour fast for optimal results.

Step 3) Appointment Confirmation Call. The examiner will call you one or two days before your scheduled exam to confirm the appointment.

Step 4) Medical Examination Completed. The examiner will meet you at the scheduled time and location. They will ask you a brief series of medical questions and measure your height, weight, blood pressure and pulse. A blood and urine specimen will be collected. An EKG may also be conducted depending on coverage and amount applied for.

Please remember, your exam will include a blood draw which requires a 12 hour fast for optimal results.

Step 5) Application Delivered, Reviewed and Signed. Your application can be signed either electronically or traditionally.

• **Electronic Signature:** You will receive an e-mail notification that your life insurance application is complete and ready for your review and electronic signature. The e-mail will include simple instructions on how to complete your application.

• **Traditional Signature:** You will receive your application in the mail. The cover letter will include simple instructions on how to complete your application.

Note: If someone other than yourself will be the owner of this policy their signature is also required.



Step 6) Application and Medical Exam Reviewed. The insurance company will review your application and medical exam. A report from your doctor(s) or health care provider(s) may be required. If your application is approved, the policy is issued and your financial representative will contact you to make arrangements for policy delivery and payment of the initial premium.