

REQUEST FOR TERM LIFE INSURANCE

American General ■ Banner (LG America) ■ John Hancock ■ Mutual of Omaha ■ Protective ■ SBLI

PROPOSED INSURED INFORMATION

First Name:	Last Name:	Date
Date of birth:	SSN:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Physical address:		
City:	State:	ZIP Code:
State of Birth:	Driver's License #:	State Issued:
Preferred Phone:	Evening Phone:	Cell:
Best date to contact:	Best time to contact:	
Email Address:	Occupation:	
Is Proposed a US Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is the owner other than the Proposed Insured? Yes <input type="checkbox"/> No <input type="checkbox"/>	Who:	Relationship:
Will there be a Payor other than the insured? Yes <input type="checkbox"/> No <input type="checkbox"/>	Who:	Relationship:

POLICY INFORMATION

Carrier: American General <input type="checkbox"/> Banner <input type="checkbox"/> John Hancock <input type="checkbox"/> Mutual of Omaha <input type="checkbox"/> Protective <input type="checkbox"/> SBLI <input type="checkbox"/>		
Benefit Amount:	Product Name:	Premium Quoted:
State of Sale:	Policy Delivery State:	Rate Class Quoted:
Premium Mode: Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly Draft <input type="checkbox"/>		
Optional Riders: Children's Insurance <input type="checkbox"/> # of Units: Waiver of Premium <input type="checkbox"/> Acc Death Benefit <input type="checkbox"/> Amount:		
Any other existing insurance or annuities: Yes <input type="checkbox"/> No <input type="checkbox"/>	Will it be replaced: Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 <input type="checkbox"/> Family Protection <input type="checkbox"/> Debt Replacement <input type="checkbox"/> Other:		

ELECTRONIC POLICY DELIVERY

Does the policy owner want the policy to be delivered electronically? Yes <input type="checkbox"/> No <input type="checkbox"/> Email address (required):
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BENEFICIARY INFORMATION

Beneficiary:	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>	% Share:
Relationship:	SS#:	Date of Birth:
Beneficiary:	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>	% 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 <input type="checkbox"/> No <input type="checkbox"/>
Is proposed insured taking any prescription medications: Yes <input type="checkbox"/> No <input type="checkbox"/> If so, list in additional remarks.
Does the proposed insured have a history of alcohol or substance abuse: Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the proposed insured had more than two motor vehicle moving violations in the past three years: Yes <input type="checkbox"/> No <input type="checkbox"/>
Any DUIs or DWIs in the past: 5 years <input type="checkbox"/> 3 years <input type="checkbox"/>

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PROPOSED INSURED HISTORY - Continued

Has proposed insured ever used tobacco in any form: Yes <input type="checkbox"/> No <input type="checkbox"/>		What Type:
Last Used: <input type="checkbox"/> 0 to 12 Months <input type="checkbox"/> 12 to 24 Months <input type="checkbox"/> 24 to 36 Months <input type="checkbox"/> 36 to 60 Months		
Has either parent or sibling had a history of cardiovascular disease or cancer before age 60:		Cardio <input type="checkbox"/> Cancer <input type="checkbox"/>
Has either parent died as a result of cardiovascular disease or cancer before age 60:		Cardio <input type="checkbox"/> Cancer <input type="checkbox"/>
Have both parents died as a result of cardiovascular disease before age 60: Yes <input type="checkbox"/> No <input type="checkbox"/>		
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 <input type="checkbox"/> No <input type="checkbox"/>
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.