

LOVETT FINANCIAL EZ E-APP

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: Expiration Date:	
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 different than the Proposed Insured? Yes No		email:		Name: Relationship:	
Owner Address:			SS/Tax ID:		Title:

NEW POLICY INFORMATION

Carrier Name:					
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		% Share:	
Relationship:		SS#:		Date of Birth:	
Address:		City/State:		Zip:	
If more Beneficiaries, use remarks section below.			Email:		

FINANCIAL INFORMATION

Gross Annual Income:		Household Income:			
Total Assets:			Net Worth:		

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					

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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(circle) ?		Cardio	Cancer	
Has either parent died as a result of cardiovascular disease or cancer before age 60 (circle) ?		Cardio	Cancer	
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		

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