

Lovett Financial EZ E-APP

| Proposed Insured Information | | | | |
|------------------------------|--|------------|------------------|-----------------|
| First Name: | | Last Name: | | Date: |
| DOB: | | SS#: | | Sex: |
| Address: | | | | |
| City: | | State: | Zip: | State of Birth: |
| DL#: | | State: | Expiration Date: | |
| US Citizen? | | Email: | | |
| Occupation: | | | | |
| Income: | | Assets: | Net Worth: | |
| Cell: | | Home: | Other: | |

| New Policy Information | | |
|------------------------|---------------|-----------------|
| Carrier: | Face Amount: | Rate Class: |
| Product Name/Type: | | State of Sale: |
| Premium Quoted: | Premium Mode: | Waiver Premium: |
| Current Face Amount: | | Replacement? |
| Current Company: | | |
| Issue Date: | Policy # | Rate Class: |

| Beneficiary Information | | |
|-------------------------|------|---------------|
| Name: | | Relationship: |
| Address: | | |
| Email: | DOB: | %: |

| | | |
|----------|------|---------------|
| Name: | | Relationship: |
| Address: | | |
| Email: | DOB: | %: |

| Proposed Insured History | | |
|--------------------------------------------|---------|--------------------------------------|
| Ever had life insurance rated or declined? | | |
| Details: | | |
| Ever used tobacco in any form? | | Will you test positive for Nicotine? |
| Type: | Amount: | Last Used: |

| | | |
|-----------------------------------------------------------------------------------|----------|---------------|
| Ever used Marijuana? | Medical: | Recreational: |
| Type: | Amount: | Last Used: |
| Height: | Weight: | Meds: |
| Family member with history of cancer or cardiovascular disease prior to age 60? | | |
| Details: | | |
| Any motor vehicle moving violations? | Details: | |
| Any plans to travel outside of the US in the near future? | | |
| When: | Where: | How Long: |
| Participate in any hazardous activities-pilot, scuba, racing, skydiving, etc....? | | |
| Details: | | |

| |
|---------------------------|
| Additional Remarks |
|---------------------------|

| | |
|---------------------------------------------------------------------------------------------------------|--------|
| Agent Information | |
| Name: | Phone: |
| Email: | |
| Send completed form to newbusiness@lovettfincial.net | |

This is not an application for life insurance coverage. Completing this form will no way serve to create or commence life insurance coverage. Completing this form does not mean that coverage is in effect. The insurance company will still need to underwrite you and they are the only ones that can make an offer of coverage.