Quick Submit App For Term Insurance

UNDERWRITERS BROKERAGE SERVICE
A LIFEMARK PARTNER

Reset Form | Submit

PROPOSED INSURED INFORMATION		
First Name:	Middle:	Last Name:
Male ☐ Female ☐	Height: ft. in.	Weight:
Date of Birth:	Birth State/Country:	E-mail:
Home Phone:	Work Phone:	Cell Phone:
Current Address:		
City:	State:	ZIP Code:
Driver's License # / State:	U.S. Citizen? Yes ☐ No ☐	SSN:
Ever Used Nicotine-Based Products? Yes ☐ No ☐	If Yes, date last used:	Type & Frequency:
Current Employer:	Occupation:	Workplace ZIP Code:
Best Time/Date to Contact Client:	Best Phone Number to Call: ☐ Home ☐ Work ☐ Cell	

PROPOSED POLICY INFORMATION	
Select One Carrier: ☐ American General ☐ Banner/Wm Penn ☐ Lincoln Financial (LifeElements) ☐ Principal (Accelerated UW Yes ☐ No ☐) ☐ Protective ☐ Prudential ☐ United of Omaha	
Term Plan Name:	Face Amount:
Riders:	App State/Delivery State:
Mode of Payment: ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly (Bank Draft)	Modal Premium:
Owner will be making premium payments using his/her current income. Yes ☐ No ☐ Other Method (If No):	
Rate Class Quoted:	Purpose of Insurance:

PRIMARY BENEFICIARY INFORMATION (1)		
Beneficiary Name:		% Share:
SSN or Tax ID:	Relationship:	DOB/Trust Date:
Current Address (Check if same as Applicant ☐)		

BENEFICIARY INFORMATION (2) - (Use remarks as needed)		☐ Second Primary Beneficiary ☐ Contingent Beneficiary
Beneficiary Name:		% Share:
SSN or Tax ID:	Relationship:	DOB/Trust Date:
Current Address (Check if same as Applicant ☐)		

OWNERSHIP INFORMATION (IF DIFFERENT THAN INSURED)		
Owner Name:		Signer's E-mail Address:
SSN or Tax ID:	Relationship:	DOB/Trust Date:
Current Address:		U.S. Citizen? Yes ☐ No ☐

FINANCIAL INFORMATION		
Personal Income:	Assets:	Liabilities:
Household Income:	Net Worth:	Bankruptcy: No ☐ Yes ☐ (Details in Remarks)

PENDING OR EXISTING LIFE INSURANCE					
Carrier Name	**Face Amount**	**Contract Type (# of years if term)**	**Policy #**	**Year Issued**	**Replacement?**
					Yes ☐ No ☐
					Yes ☐ No ☐
					Yes ☐ No ☐

PRIMARY PRODUCER INFORMATION		SPLIT %
First Name:	Last Name:	
Phone:	E-mail:	
Are you related to the Proposed Insured? Yes ☐ No ☐	If so, how?	
Prudential ONLY — Did you see Proposed Insured at the point of sale? Yes ☐ No ☐	Is the Proposed Insured a prior client of yours? Yes ☐ No ☐	
Knowledge of Proposed Insured: ☐ Self ☐ Have Never Met ☐ Know Slightly ☐ Known Well For _____ ☐ Other _____		

SECOND PRODUCER INFORMATION (IF APPLICABLE)		SPLIT %
First Name:	Last Name:	
Phone:	Email:	

ADDITIONAL QUESTIONS (Provide additional details in Remarks)	
Number of years you have known the Proposed Insured?	
Are you aware of any other information that would adversely affect the Primary Proposed Insured's eligibility?	Yes ☐ No ☐
Is the plan and amount of insurance identified appropriate in view of the applicant's insurance needs and financial objectives?	Yes ☐ No ☐
Do you have any information that the Proposed Insured may replace, change, or use any monetary value of any existing or pending life insurance policy or annuity in connection with policy being applied?	Yes ☐ No ☐
Has Proposed Insured ever had a request for life or health insurance declined, postponed, or offered other than as applied for?	Yes ☐ No ☐
Is there an intention that any party other than the Owner will obtain any right, title or interest in any policy issued on the life of the Proposed Insured as a result of this application?	Yes ☐ No ☐
Is the Proposed Insured or Owner an active duty member of the U.S. Armed Forces (including National Guard & Reserve)?	Yes ☐ No ☐
Did you, the Producer(s), comply with all state and company replacement requirements?	Yes ☐ No ☐
I, the Producer, authorize the Company to affix my electronic signature to all life insurance applications and related forms submitted.	Yes ☐ No ☐

REMARKS

***This is a request for life insurance, not a quote request form**

Please e-mail completed form to QuickSubmitApp@ubsnet.com or fax to (412) 281-0608