

IMPAIRED LIFE INSURANCE RISK? -- FAX THE FACTS

INSURANCE SPECIALTIES

Ph.: 800-789-0182

Fax: 417-442-7622

Let Us Help You With Your Hard Cases

E-Mail: insspecial@mo-net.com

PRELIMINARY UNDERWRITING CONSIDERATION FORM

Date: _____ Phone #: _____ Fax #: _____

Agent Name: _____

ANSWERS TO THE FOLLOWING QUESTIONS ARE REQUIRED TO RECEIVE A QUOTE

Applicant Name _____ City & State _____

Date of Birth _____ Sex _____ Height _____ Weight _____ Tobacco Use _____

Plan Type _____ Face Amount \$ _____ Insurance in-force \$ _____

Medical Impairment Summary _____

FAMILY MEDICAL HISTORY

Relation To Applicant	Age If Living	State of Health or Cause of Death	Age at Death
Father	_____	_____	_____
Mother	_____	_____	_____
Brothers & Sisters	#1 _____	_____	_____
	#2 _____	_____	_____
	#3 _____	_____	_____
	#4 _____	_____	_____
	#5 _____	_____	_____

ACTION BY OTHER COMPANIES

Company Name _____

Date action taken _____

Plan Type _____

Face Amount _____

Rated _____

Declined? Yes _____ No _____

Reason given for Rating or Decline _____

