



Date \_\_\_\_\_

# FAX THE FACTS

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## Preliminary Underwriting Consideration Form

**From: Producers Financial Group – Karen Engler**

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Writing Agent: \_\_\_\_\_

**ANSWERS TO THE QUESTIONS BELOW ARE REQUIRED TO RECEIVE A TENTATIVE QUOTE:**

Applicant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Occupation: \_\_\_\_\_ State of Residence: \_\_\_\_\_

Tobacco Use:  Yes  No If 'Yes' which type: \_\_\_\_\_ (pipe, cigar, cigarette, etc.) How often: \_\_\_\_\_

Family History	State of Health/Cause of Death	Age if Living	Age at Death
Mother:			
Father:			
Siblings:			

**I need a \_\_\_\_\_ (preferred, standard rating) offer to place this case.**

Face Amount Applying For: \$ \_\_\_\_\_ Plan Type: \_\_\_\_\_ Amount of insurance inforce: \$ \_\_\_\_\_

Summarize Medical Impairment: Including pertinent history, current medications, current condition, exercise and diet regimen

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If you have any type of heart problems, when was your last stress test EKG? \_\_\_\_\_

### **Action By Other companies**

Company Names/Dates Applied: \_\_\_\_\_ Declined? \_\_\_\_\_ Rated? \_\_\_\_\_ Face Amount \$ \_\_\_\_\_

Plan Applied For: \_\_\_\_\_ Reason: \_\_\_\_\_

**Tentative Offer:** \_\_\_\_\_

Underwriter: \_\_\_\_\_ Company: \_\_\_\_\_ Date: \_\_\_\_\_

**Final Underwriting Decision Will be Based On The Formal Application and Underwriting Requirements**