

PRELIMINARY UNDERWRITING CONSIDERATION FORM

FAX #: (949) 756-0155

Date: _____ Regular Telephone Number: _____
 From: _____ Fax Number: _____

ANSWERS TO THE QUESTIONS BELOW ARE **MANDATORY** TO RECEIVE A QUOTE

Applicant's Name _____
 Address _____
 Date of Birth _____ Sex _____
 Height _____ Weight _____ Tobacco Use _____
 Plan _____ Face Amount _____
 Amount of Insurance In-Force _____
 Medical Impairment Summary _____

Family History (important!)			
Relation	Age if Living	State of Health or Cause of Death	Age at Death
Father			
Mother			
Brothers & Sisters			

Action By Other Companies
 Company _____ **When** was action taken? _____
 Rated _____ Declined? Y N
 Reason _____
 Plan _____ Face Amount _____

Tentative Offer _____

 Underwriter _____ Date _____