



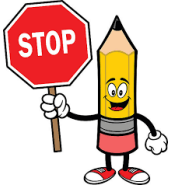
Submitting business to Life Insurance Services--

E-MAIL: sandra.keeling@lifeinsservices.com

MAIL:
LIS, LLC
8163 Kensington Drive
Suite C PMB 313
Waxhaw, NC 28173

FAX: 704-631-9482

*The fastest way to begin an application is to email/fax and wait for mailing instructions



Before you date an app – make sure you have submitted all contracting requirements and completed any necessary product or suitability training. If ever in doubt, send the app without dates.

LIFE APPLICATION COVER SHEET

Agent Name: _____ Phone: _____ Cell: _____

E-Mail: _____ Company: _____

Client Name: _____ DOB: _____ Social: _____

Product: _____ Face Amount: _____ Premium: _____ Payment Mode: _____

Backdate this policy to Save Age? _____ Are you competing with another carrier? ____ If so, whom _____

Have you submitted this case to another carrier? ____ If so, whom _____ Adverse action? _____

EXAM ORDERING

_____ I have ordered the exam/paramed with (include phone #) _____

_____ Please order the exam for me (this is preferred).

REQUIREMENTS NEEDED:

- Cover Letter may be needed to explain how case was sold & purpose along with any further pertinent info
- I answered all the questions on the application & forms, including all questions about existing insurance
- HIPAA authorization
- Replacement forms: Required if NAIC state regardless whether replacing existing insurance or not
- Financial Questionnaire: Dependent on client age/face amount, or underwriter discretion
- Business case? You will need a Business Supplement
- Employer/Trust Owned Policy? Make sure you have the proper EOL/Trust form
- Premium Check (start by emailing/faxing a copy, mail original to LIS for processing)
- Aviation, Avocation, Foreign Travel questionnaire(s), etc. if applicable
- Illustration (signed or unsigned) if Permanent product (ex: UL, SUL, VUL, etc.)

NOTES: _____

Need additional forms? Call (704) 927-0101 or email sandra.keeling@lifeinsservices.com