

ILLUSTRATION REQUEST FORM

FAX TO AMERICAN INSURNET 513-287-7777

<p>AGENT NAME</p> <p>PHONE () -</p> <p>FAX () -</p> <p>EMAIL</p> <p>ADDRESS</p>	<p>CLIENT</p> <p>STATE OF RES.</p> <p>DOB</p> <p>SEX TOBACCO USE? Yes No</p> <p>OCCUPATION</p> <p>DUTIES</p> <p>OWNER? Yes No # of EMPLOYEES _____</p> <p>TRAVEL%</p> <p>PERSONAL INCOME</p>
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QUOTE INFORMATION:

MONTHLY BENEFIT - \$ _____

WAITING PERIOD - 30 / 60 / 90 / 180 / 365 days

BENEFIT PERIOD - 1 / 2 / 5 / AGE 65

RIDERS:

Residual

Return of Premium

- | | |
|---|----------------|
| Seven Year (50%) <input type="checkbox"/> | Pan Am only |
| Ten Year (80%) <input type="checkbox"/> | Pan Am only |
| 25 Years or A65 <input type="checkbox"/> | Assurity-WALCO |

COLA

Simple

Future Increase Option

Endorsed Group Discount

HEALTH ISSUES:

MEDICATION(S):

Does Client Own a Business?

C-Corp / S-Corp / Sole / Part / LLC / PSC

INSURABILITY PROFILE

Y N

- Has proposed been treated for:
 - A. any disease or disorder of the heart or circulatory system, chest pains, high blood pressure, stroke; or lungs, including TB.....
 - B. disease or disorder of the kidneys, bladder, geniro-urinary system, reproductive organs, breasts, skin eyes, ears or speech;...
 - C. disease or disorder of the stomach, inteastines, colon, prostate, liver, including jaundice and/or hepatitis.....
 - D. disease or disorder of the brain or central nervous system, including convulsions, seizures, paralysis, dizziness or fainting spells;.....
 - E. cancer, tumor, diabetes or any disease or disorder of the thyroid or lymph glands?.....
- Has proposed ever been treated or had any indication or symptoms of any disease or disorder of the bones, muscles, joints back or neck; or arthritis, neuritis or gout including any chiropractic treatment...
- Has proposed ever consulted a psychiatrist, psychologist, counselor, therapist or any other practitioner for mental, nervous or emotional conditions including but not limited to anxiety, depression, stress or marital problems.....
- Has proposed ever used drugs or any controlled substance other than prescribed by a physician or been counsed or had treatment recommended ofr excess use of alcohol or drugs?.....
- Acquired Immune Deficiency Syndrome (AIDS); AIDS Related Complex (ARC); or positive HIV test?.....
- In the past 5 years has the insured:
 - A. had any insurance application rejected or modified;.....
 - B. received or been refused any disability or medical benefits.....
 - C. had any medical advice, operation, hospitalization, physical exam, treatment, illness, symptom or injury not listed above....

SPECIAL ISSUES: