

Please Note the Following:

- You are only submitting one client per form
- You have communicated the exact quote that you are submitting with your client
- If the quote changes the client will be sent back to you for a new quote
- When selecting Permanent products, you must provide an illustration with your submission
- Cannot submit for Genworth term products that are \$100k or less
- Cannot submit for Minnesota Life term products that are \$250k or less
- Cannot submit the following products: Transamerica Immediate Solutions, United of Omaha Living Promise Whole Life.

Submission Instructions:

Please email this form to ask@insureprocessing.com or fax to (208) 472-3439

Quote Information:		
Carrier: <input type="checkbox"/> American General <input type="checkbox"/> American General Partners (AGLA) <input type="checkbox"/> Banner <input type="checkbox"/> Genworth <input type="checkbox"/> John Hancock <input type="checkbox"/> Lincoln <input type="checkbox"/> Minnesota Life <input type="checkbox"/> North American <input type="checkbox"/> Principal <input type="checkbox"/> Protective <input type="checkbox"/> Prudential <input type="checkbox"/> SBLI <input type="checkbox"/> Transamerica <input type="checkbox"/> Transamerica Family Markets <input type="checkbox"/> United of Omaha <input type="checkbox"/> Voya (ING) <input type="checkbox"/> MTL		
Plan Name:	Type: <input type="checkbox"/> Term <input type="checkbox"/> Permanent	Term Length:
Health Class:	Tobacco Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	Coverage Amount:
Premium (Per Pay Period):	Payment Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	
Return of Premium: <input type="checkbox"/> Yes <input type="checkbox"/> No	Child Rider (1-10 Units):	Table Rating (1-8):
<i>Please provide us with any additional product information our staff needs to complete this application:</i> <div style="height: 40px;"></div>		
Insured Information:		
First Name:	Last Name:	E-mail:
Primary Phone:	Alternate Phone:	State:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Contact Options:		
<input type="checkbox"/> As soon as possible <input type="checkbox"/> Specific Date/Time If Specific, provide - Date: _____ Time (Client Local Time): _____ <i>Allowed Specific Appointment Times -</i> <i>Pacific: M-F: 8am – 3:30pm • Mountain: M-F: 8am – 4:30pm • Central: M-F: 9am – 5:30pm • Eastern: M-F: 10am – 6:30pm</i>		
Agent Information:		
Are you appointed with the carrier chosen above through National Brokerage?		
<input type="checkbox"/> I have an active appointment/contract <input type="checkbox"/> My appointment/contract is pending <input type="checkbox"/> I have completed the e-contracting process <input type="checkbox"/> I am not appointed (NB will sign your app)		
Agent Name:		
State License Number:		