

# Request for Life Insurance Interview

\* ALL FIELDS MANDATORY

## PROPOSED INSURED

\* This program is not available in New York for replacement of existing insurance.

\_\_\_\_\_  
(First Name, Middle, Last Name)

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Day) (Year)

## RISK EVALUATION

| If answer to question is not known, please leave blank.<br>Criteria Questions |   |   | Check One Classification<br>For Each Question   |                             |                             |  |
|---|---|---|---|-----------------------------|-----------------------------|--|
| 1   | 1a. Do you have a history of alcohol or substance (drug) abuse?<br>1b. Has there been any abuse in the past 10 years?   | If No...<br>Check P+ and go to question 2.<br><br>Check P and go to question 2.                               | If Yes...<br>Go to question 1b.<br><br>Check S and go to question 2.  | <input type="checkbox"/> P+ | <input type="checkbox"/> P  | <input type="checkbox"/> S   |
| 2   | Have you had any DUIs in the past<br>2a. 5 years?<br>2b. 3 years?   | If No...<br>Check P+ and go to question 3.<br>Check S+ and go to question 3.                                  | If Yes...<br>Go to question 2b.<br>Check S and go to question 3.  | <input type="checkbox"/> P+ | <input type="checkbox"/> S+ | <input type="checkbox"/> S   |
| 3   | Have you had more than two motor vehicle moving violations in the past three years?   | If No...<br>Check P+ and go to question 4.  | If Yes...<br>Check S+ and go to question 4.   | <input type="checkbox"/> P+ | <input type="checkbox"/> S+ |  |
| 4   | 4a. Has either parent or a sibling had a history of cardiovascular disease or cancer before age 60?<br>4b. Has either parent died as a result of cardiovascular disease or cancer before age 60?<br>4c. Have both parents died as a result of cardiovascular disease before age 60? | If No...<br>Check P+ and go to question 5.<br>Check P and go to question 5.<br>Check S+ and go to question 5. | If Yes...<br>Go to question 4b.<br>Go to question 4c.<br>Check S and go to question 5.                                      | <input type="checkbox"/> P+ | <input type="checkbox"/> P  | <input type="checkbox"/> S+ <input type="checkbox"/> S   |
| 5   | What is your height? _____ weight? _____ Based on height and weight, select the underwriting classification according to the build chart below. If weight meets or exceeds limit for standard (S) class, check S.   |   |   | <input type="checkbox"/> P+ | <input type="checkbox"/> P  | <input type="checkbox"/> S+ <input type="checkbox"/> S   |
| 6   | Have you used any nicotine-based products in the past<br>6a. 36 months?<br>6b. 24 months?<br>6c. 12 months?   | If No...<br>Check P+ and go to question 7.<br>Check P and go to question 7.<br>Check S+ and go to question 7. | If Yes...<br>Go to question 6b.<br>Go to question 6c.<br>Check PT if answers from 1 to 5 are all P/P+, otherwise, check ST. | <input type="checkbox"/> P+ | <input type="checkbox"/> P  | <input type="checkbox"/> S+ <input type="checkbox"/> PT <input type="checkbox"/> ST                            |
| 7   | <b>What is the lowest (on a scale where P+ is highest) underwriting class checked in any of the answers to questions 1-6?</b>   |   | <b>Check one box.</b>   | <input type="checkbox"/> P+ | <input type="checkbox"/> P  | <input type="checkbox"/> S+ <input type="checkbox"/> S <input type="checkbox"/> PT <input type="checkbox"/> ST |

This questionnaire is designed to provide a tentative premium classification based on a portion of the criteria used to determine a final premium classification. Final approval, classification, and actual rates will be subject to and based upon the entire underwriting process, your medical history, information developed during your interview with the William Penn Call Center representative and/or any specific underwriting requirements and criteria. Please refer to the policy form for full disclosure of benefits and limitations. Forms and policy provisions may vary by state. Not available in all states.

| Legend |                   |
|--------|-------------------|
| P+     | Preferred Plus    |
| P      | Preferred         |
| S+     | Standard Plus     |
| S      | Standard          |
| PT     | Preferred Tobacco |
| ST     | Standard Tobacco  |

Build Chart

| Height | P+   |        |             | P           |             |             | S+   |        |             | S           |             |  |
|--------|------|--------|-------------|-------------|-------------|-------------|------|--------|-------------|-------------|-------------|--|
|        | Male | Female | Male/Female | Male/Female | Male/Female | Male/Female | Male | Female | Male/Female | Male/Female | Male/Female |  |
| 5'0"   | 144  | 135    | 158         | 166         | 172         | 6'0"        | 207  | 180    | 228         | 240         | 249         |  |
| 5'1"   | 148  | 138    | 163         | 172         | 178         | 6'1"        | 213  | 184    | 234         | 245         | 255         |  |
| 5'2"   | 153  | 140    | 168         | 175         | 183         | 6'2"        | 219  | 188    | 241         | 253         | 263         |  |
| 5'3"   | 158  | 143    | 174         | 182         | 190         | 6'3"        | 225  | 193    | 247         | 259         | 269         |  |
| 5'4"   | 163  | 145    | 179         | 188         | 195         | 6'4"        | 230  | 197    | 253         | 265         | 276         |  |
| 5'5"   | 168  | 148    | 185         | 194         | 202         | 6'5"        | 237  | 201    | 260         | 272         | 283         |  |
| 5'6"   | 174  | 150    | 191         | 200         | 208         | 6'6"        | 243  | 205    | 267         | 280         | 291         |  |
| 5'7"   | 179  | 155    | 197         | 206         | 215         | 6'7"        | 249  | 209    | 274         | 287         | 299         |  |
| 5'8"   | 185  | 160    | 203         | 212         | 221         | 6'8"        | 256  | 214    | 281         | 294         | 306         |  |
| 5'9"   | 190  | 165    | 209         | 219         | 228         | 6'9"        | 262  | 218    | 288         | 302         | 314         |  |
| 5'10"  | 196  | 170    | 215         | 226         | 234         | 6'10"       | 268  | 222    | 295         | 309         | 322         |  |
| 5'11"  | 201  | 175    | 221         | 231         | 241         | 6'11"       | 276  | 226    | 303         | 317         | 330         |  |

**PROPOSED INSURED INFORMATION**

|   |  |
|---|--|
| Quoted Premium \$ _____                                   | Face Amount \$ _____   |
| Term Period (Please check only one.)                      | <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 30  |
| Payment method  | <input type="checkbox"/> Direct Bill <input type="checkbox"/> Electronic Funds Transfer (EFT)  |
| Frequency of premium payment                              | <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly (EFT Only)      |
| Gender  | <input type="checkbox"/> Male <input type="checkbox"/> Female  |
| Is this prospective policy to replace existing insurance? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Replacements not available in New York for AppAssist cases.)                        |
| What is the purpose of this insurance?                    | <input type="checkbox"/> Buy/Sell <input type="checkbox"/> Keyman <input type="checkbox"/> Family Protection <input type="checkbox"/> Income Replacement |
|   | <input type="checkbox"/> Other _____   |
| Policy Owner (if other than Proposed Insured)             | Name _____   |
|   | City, State _____ Zip _____  |
| Date to Save Age  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Waiver of Premium   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Exam Provider   | <input type="checkbox"/> EMSI <input type="checkbox"/> Portamedic  |

**(Available Interview Hours: Monday - Friday, 9:00 a.m. to 10:30 p.m. ET)**

Please contact me: Date \_\_\_\_\_ Local time: \_\_\_\_\_  AM      The William Penn Call Center will contact you within two hours of the designated time.  PM

Primary Telephone No. \_\_\_\_\_  Home      Secondary Telephone No. \_\_\_\_\_  Home  
 Work       Work  
 Cell       Cell

Address \_\_\_\_\_ (Please Print)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
(Please Print)      (Please Print)

E-Mail Address \_\_\_\_\_ (Please Print)

**Remarks:**

**AGENT INFORMATION**

I hereby authorize the Company to affix my electronic signature to all life insurance applications and related forms submitted by the undersigned. I will immediately notify the Company should this authorization for use of this signature or any prior signature authorization be terminated or revoked in any jurisdiction.

X \_\_\_\_\_ Date Signed \_\_\_\_\_  
Signature of Agent

Agent Name \_\_\_\_\_ Agent # \_\_\_\_\_ S.S. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone # \_\_\_\_\_ Share of Commission \_\_\_\_\_

Additional Agent

Agent Name \_\_\_\_\_ Agent # \_\_\_\_\_ S.S. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone # \_\_\_\_\_ Share of Commission \_\_\_\_\_

Brokerage General Agent (BGA) \_\_\_\_\_ BGA Number \_\_\_\_\_

Organization or Broker/Dealer that Agent Represents \_\_\_\_\_

**DISCLAIMER**

This is not an application for life insurance coverage. Signing or completing this form will in no way serve to create or commence life insurance coverage. Signing or completing this form does **NOT** mean that coverage is effective.