



800 Vine Street • P.O. Box 4307 • Chattanooga, TN 37405



CONFIDENTIAL INQUIRY
 THIS IS NOT AN APPLICATION FOR INSURANCE
 PLEASE ANSWER ALL QUESTIONS COMPLETELY
 THE AUTHORIZATION AT THE BOTTOM MUST BE SIGNED
 A MINIMUM OF \$1,000 ANNUAL PREMIUM FOR CONSIDERATION
 ALL INFORMATION EXCLUSIVELY FOR SUBMISSION TO PROFIT PLANS

Local: (423) 267-9729 • Toll-Free (800) 321-5062 • Web: www.ProfitPlansLLC.com
 New Business Fax: (423) 267-8843 • Marketing Fax: (423) 267-1700

FULL NAME			SEX F <input type="checkbox"/> M <input type="checkbox"/>	PLAN OF INSURANCE <input type="checkbox"/> ADB <input type="checkbox"/> WP	AMOUNT DESIRED \$
DATE OF BIRTH	AGE	PLACE OF BIRTH	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	BENEFICIARY (Name and Relationship)	
OCCUPATION AND EMPLOYER			ANNUAL INCOME	NET WORTH	HAVE YOU USED TOBACCO IN ANY FORM IN THE LAST 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO CIGARETTES? <input type="checkbox"/>
SOCIAL SECURITY NO.:	PHONE:	HT.	WT.	HOW MUCH INSURANCE IN FORCE?	
RESIDENCE ADDRESS			Has case been submitted to other companies in past 6 mos.? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list companies and dates submitted.		
ZIP					
BUSINESS ADDRESS					
ZIP					

INSURANCE HISTORY	NAME OF COMPANY	YEAR	GIVE REASON - TABLE RATING
<input type="checkbox"/> RATED			
<input type="checkbox"/> DECLINED			
<input type="checkbox"/> POSTPONED			

	NAME, ADDRESS AND PHONE NO.	REASON	DATE
Where can records be obtained for last five years highlighting problem described above.			
What physician did you last consult? (Other than insurance examination)			
In what hospitals, clinics, or sanitariums have you ever been treated?			

AGENT'S NAME _____ AGENT'S ADDRESS (Street, City, State) _____ AGENT'S TELEPHONE NO. _____

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

I understand that the life insurance companies named below, their reinsurers, any insurance support organizations and the authorized representative of these companies may need to collect information on me in regard to proposed life insurance coverage.

Therefore, I authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, Insurance or reinsurance companies, the Medical Information Bureau, Inc., consumer reporting agency, financial sources, employers and any institution or person to furnish to the insurance companies named below the types of information specified in this Authorization upon presentation of this Authorization or a photocopy. To facilitate rapid submission of such information, I authorize all said source, except the Medical Information Bureau, Inc., to give such records or knowledge to Profit Plans, LLC.

The types of information will include information about my mental and physical health, employment, other insurance coverage, participation in hazardous activities, character, general reputation, mode of living, finances, occupation and other personal characteristics.

The information will be used by the insurance companies named below and their reinsurers to determine eligibility for insurance, claims and/or by the insurance agent to aid in updating and improving my insurance program.

The information collected may be disclosed to other insurance companies to which I have applied or may apply, reinsurance companies, the Medical Information Bureau, Inc., or other persons or organizations performing business, professional, or Insurance functions for the Insurance companies named below, or as may be otherwise legally allowed.

This Authorization will be valid for two years after the date of signing. I understand that I or my authorized representative may request to receive a copy of this authorization. I acknowledge receipt of the Notice to Proposed Insured and Notice of Information Practices.

Signed at _____ this _____ day of _____ 19 _____
 Signature of Proposed Insured _____

- | | | | | |
|------------------|------------------|-------------------|------------|-----------------|
| American General | Guaranteed Trust | Lincoln Financial | Protective | TransAmerica |
| AVIVA | ING | METLIFE | Prudential | United of Omaha |
| AXA | John Hancock | North American | Reliastar | West Coast Life |
| Genworth | Lincoln Benefit | Principal | Sun | |