

DO NOT SUBMIT - CHECKLIST FOR TRAINING PURPOSES ONLY



OKLAHOMA

ASSURANT / AMERICAN MEMORIAL LIFE !

NEW BUSINESS CHECKLIST

Required Forms Numbers	Description
<input type="checkbox"/>	P-1146 Application
<input type="checkbox"/>	
<input type="checkbox"/>	ADM7147OK-A & B Replacement Form Number
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	Make sure the following is marked on the application.
<input type="checkbox"/>	
<input type="checkbox"/>	Mobile Number (for Equis CRM)
<input type="checkbox"/>	
<input type="checkbox"/>	Age Ñ Age is deÞned as age on last birthday (current age).
<input type="checkbox"/>	Date of Birth
<input type="checkbox"/>	State of Birth
<input type="checkbox"/>	Social Security Number
<input type="checkbox"/>	Gender
<input type="checkbox"/>	
<input type="checkbox"/>	Weight
<input type="checkbox"/>	Citizenship Status*
<input type="checkbox"/>	Previously Applied for Insurance? Y/N
<input type="checkbox"/>	
2. Owner Information (p.1)	

Disallowed from Ownership:

Writing Agent - Funeral Home - Trust - Charitable Organization

A named beneficiary should be the person who is financially responsible for handling the final arrangements of the proposed insured.

Examples:

- Spouse
- Brother
- Sister
- Grandparent
- Mother
- Father
- Child
- Grandchild
- Responsible Friend or Relative

Primary Beneficiary Name

Note: must have insurable interest

Indicate Contingent Beneficiary

The person who gets the check if both proposed insured and primary beneficiary expire or the primary beneficiary is unable to receive the funds.

5. Policy Information (p. 1)

Indicate Premium

Plan Type (Graded or Modified)

Nicotine Question Marked?

Replacement Question Marked

*If Yes, Is Company Name Listed?

Policy Needs to be mailed to the owner unless you have a reason to return (i.e., return visit for annuity opportunity, etc.)

6a. Double Check All Questions (One of these are often skipped in haste) (p. 2)

Question 2a Marked

Question 2c Marked

Question 2e Marked

6b. Double Check All Questions (One of these are often skipped in haste) (p. 2)

Question 2a Marked

Question 2c Marked

CURRENT PHYSICIAN AND ADDRESS

Signed in City

Proposed Insured Signature

Proposed Insured / Policy Owner Signature

Proposed Insured / Policy Owner Date

Licensed Agent / Witness Signature

Licensed Agent Signature Date

If Owner = Proposed Insured 1 client signature and Dates

If Owner is different from Proposed Insured 2 Signatures and Dates

<input type="checkbox"/>	Seen all proposed insured questions marked	
<input type="checkbox"/>	Replacement Question Marked	
<input type="checkbox"/>	Agent's Signature	
<input type="checkbox"/>		
<input type="checkbox"/>	Agent's Printed Name	
<input type="checkbox"/>		
<input type="checkbox"/>	Agent Signed on Date	
<input type="checkbox"/>		
<input type="checkbox"/>	Agent Telephone Number	

7. Payment Options (p. 4)

<input type="checkbox"/>	Premium Amount Indicated	
<input type="checkbox"/>	Initial Payment Options	Select Monthly, Quarterly, Semi-Annual, or Annual
<input type="checkbox"/>	First Payment Option Selected	
<input type="checkbox"/>	If PAC (Monthly Draft) Date for 1st draft indicated* **	* First draft (Must be 1-28, because 29-31 does not occur every in every month on the calendar). ** PAC (Bank Draft) only option available if paying monthly.

Medical Authorization (p. 5)

<input type="checkbox"/>		
<input type="checkbox"/>	Date of Birth	
<input type="checkbox"/>	Signature of Primary Proposed Insured	
<input type="checkbox"/>	Date of Primary Proposed Insured Signature	
<input type="checkbox"/>	Signature of Agent	
<input type="checkbox"/>	Date of Agent Signature	

ADM7147OK-A & B Replacement Form (2 Copies - Owner / Company)

<input type="checkbox"/>		
<input type="checkbox"/>	Answer All Yes/ No Questions	
<input type="checkbox"/>	Signature of Primary Proposed Insured / Owner	

<input type="checkbox"/>	Date of Primary Proposed Insured Signature	
<input type="checkbox"/>	Signature of Agent	
<input type="checkbox"/>	Date of Agent Signature	
ADM7223-FN Account Verification Form		
<input type="checkbox"/>		
<input type="checkbox"/>	Insured's Name	
<input type="checkbox"/>		
<input type="checkbox"/>	Financial Institution Information	
<input type="checkbox"/>	ACCOUNT HOLDER'S SIGNATURE	
<input type="checkbox"/>	Agent Attestation Checkbox	
<input type="checkbox"/>	Agent Signature	