

DO NOT SUBMIT - CHECKLIST FOR TRAINING PURPOSES ONLY



TEXAS

ASSURANT / AMERICAN MEMORIAL LIFE

NEW BUSINESS CHECKLIST

Required Forms Numbers	Description
<input type="checkbox"/> P-1146-R	Application
<input type="checkbox"/> P-1146-R - Page 5	Medical Authorization Form
<input type="checkbox"/> ADM7147A	Replacement Form Number
<input type="checkbox"/> ADM7223-FN	Account Verification Form (Use if no check/ savings deposit slip available to verify account / routing information is available).

1. Proposed Insured (p. 1)

<input type="checkbox"/>	Make sure the following is marked on the application.	
<input type="checkbox"/>	Legal Name	
<input type="checkbox"/>	Mobile Number (for Equis CRM)	
<input type="checkbox"/>	Email Address (for Equis CRM)	
<input type="checkbox"/>	Age – Age is defined 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"/>	Height	
<input type="checkbox"/>	Weight	
<input type="checkbox"/>	Citizenship Status*	*If answered NO, Immigration Card Number for MIB Check
<input type="checkbox"/>	Previously Applied for Insurance? Y/N	

2. Owner Information (p.1)

Only necessary if owner is different from the proposed insured.	
Disallowed from Ownership:	
Writing Agent - Funeral Home - Trust - Charitable Organization	
<input type="checkbox"/>	Owner Information

3. Primary Beneficiary Information (p. 1)

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

<input type="checkbox"/>	Primary Beneficiary Name	Note: must have insurable interest
<input type="checkbox"/>	Primary Beneficiary Relationship to Insured	Note: see example designations above - "childhood friend" will not suffice.

4. Contingent Beneficiary Information (p. 1)

<input type="checkbox"/>	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.
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5. Policy Information (p. 1)

<input type="checkbox"/>	Indicate Face Amount	
<input type="checkbox"/>	Indicate Premium	
<input type="checkbox"/>	Select Effective Date	
<input type="checkbox"/>	Plan Type (Graded or Modified)	
<input type="checkbox"/>	Nicotine Question Marked?	
<input type="checkbox"/>	Replacement Question Marked?	
<input type="checkbox"/>	*If Yes, Is Company Name Listed?	

<input type="checkbox"/>	Policy Needs to be mailed to the owner unless you have a reason to return (i.e., return visit for annuity opportunity, etc.)	
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6a. Double Check All Questions (One of these are often skipped in haste) (p. 2)

<input type="checkbox"/>	Question 1 Marked	
<input type="checkbox"/>	Question 2a Marked	
<input type="checkbox"/>	Question 2b Marked	
<input type="checkbox"/>	Question 2c Marked	
<input type="checkbox"/>	Question 2d Marked	
<input type="checkbox"/>	Question 2e Marked	

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

<input type="checkbox"/>	Question 1 Marked	
<input type="checkbox"/>	Question 2a Marked	
<input type="checkbox"/>	Question 2b Marked	
<input type="checkbox"/>	Question 2c Marked	
<input type="checkbox"/>	CURRENT PHYSICIAN AND ADDRESS	

Signature Section (p. 3)

<input type="checkbox"/>	Signed in City	
<input type="checkbox"/>	Signed in State	
<input type="checkbox"/>	Proposed Insured Signature	
<input type="checkbox"/>	Proposed Insured Signature Date	
<input type="checkbox"/>	Proposed Insured / Policy Owner Signature	
<input type="checkbox"/>	Proposed Insured / Policy Owner Date	
<input type="checkbox"/>	Licensed Agent / Witness Signature	
<input type="checkbox"/>	Licensed Agent Signature Date	
<input type="checkbox"/>	If Owner = Proposed Insured 1 client signature and Dates	
<input type="checkbox"/>	If Owner is different from Proposed Insured 2 Signatures and Dates	

Agent's Statement Section (p. 3)

<input type="checkbox"/>	Seen all proposed insured questions marked	
<input type="checkbox"/>	Replacement Question Marked	
<input type="checkbox"/>	Agent's Signature	
<input type="checkbox"/>	Agent State License ID Number	
<input type="checkbox"/>	Agent's Printed Name	
<input type="checkbox"/>	Agent Signed in City	
<input type="checkbox"/>	Agent Signed on Date	
<input type="checkbox"/>	Assurant Agent Number	
<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 first 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"/>	Name	
<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	

ADM7147A Replacement Form (2 Copies - Owner / Company)

<input type="checkbox"/>	Complete Both Copies	
<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"/>	Only complete if no voided check or savings withdrawal slip is available to verify the banking information.	
<input type="checkbox"/>	Insured's Name	
<input type="checkbox"/>	Payor's Name	
<input type="checkbox"/>	Financial Institution Information	
<input type="checkbox"/>	ACCOUNT HOLDER'S SIGNATURE	
<input type="checkbox"/>	Agent Attestation Checkbox	
<input type="checkbox"/>	Agent Signature	