

APPS FAX - NEW ORDER

(503) 643-9870 6950 SW 105th Avenue Beaverton, Oregon 97008 (503) 906-1866



NEW AGENT ORDER

Agent Name	_____		
Contact (If other than agent)	_____		
Where do we mail paperwork?	_____		
Insurance Company	_____		
	First Applicant	Second Applicant	
Applicant Name	_____		
Gender (circle)	Male	Female	Male Female
Home Address	_____		
Home Phone	_____		
Business Address(include business name)	_____		
Business Phone	_____		
Date of Birth (Insurance Age)	_____		
Social Security Number	_____		
Policy Number/Reference Number	_____		
Amount of Insurance	_____		
Where will exam be scheduled	Home	Business	
Type of Insurance	Life	Disability	Preferred/Select
Has the HIV Consent been signed?	Yes	No	

Examination Instructions

*Would you like us to complete the standard age/amount requirements for this insurance company?
(Circle One) YES NO (if no, please let us know the underwriting requirements below)*

❖ ❖ ❖ ❖ ❖ ❖ ❖ Please check special considerations ❖ ❖ ❖ ❖ ❖ ❖ ❖		
Difficult blood draw	High blood pressure	Language Barrier
Squeamish about blood draws	History of heart problems	Pregnant
Weighs over 250 pounds	Diabetic	Other – Please note below

Additional information about your client
