

INFORMAL INQUIRY

NAME _____ DOB _____ SEX _____ TOBACCO USE _____

ADDRESS _____ HEIGHT _____ WEIGHT _____ SS# _____

PLACE OF BIRTH _____ DL# _____

INSURANCE AMT \$ _____ PLAN OF INSURANCE(UL/SUL/TERM) _____

INSURANCE INFORCE \$/ INSURANCE CARRIERS _____

REPLACEMENT/1035? _____

MEDICAL HISTORY

(include specialists, treatments and hospitalizations)

PRIMARY PERSONAL PHYSICIAN _____ ADDRESS / PHONE _____

DATE LAST SEEN / REASON _____

CONSULTING PHYSICIAN _____ ADDRESS / PHONE _____

DATE LAST SEEN / REASON _____

CONSULTING PHYSICIAN _____ ADDRESS / PHONE _____

DATE LAST SEEN / REASON _____

SURGEONS, INSTITUTIONS, HOSPITALS _____ ADDRESS / PHONE _____

APPROXIMATE DATE / REASON _____

CURRENT MEDICATIONS _____

MISCELLANEOUS

AVIATION DETAILS(pilot/student pilot)

Date of last flight/aircraft type _____

Number of flights next 12 months _____

FOREIGN TRAVEL(frequency/length/purpose) _____

AVOCATION DETAILS

1.Scuba Diving _____

2.Sky Diving _____

3.Parachuting _____

4.Hang Gliding _____

5.Ballooning _____

6. Racing/Motor-Vehicle Type _____

7.Rock/Mountain Climbing _____

8.Other(Specify) _____

COMMENTS/ REMARKS

AGENTS REPORT

SUBMITTED BY _____

WHAT ARE THE PRODUCT AND PREMIUM GOALS OF THIS CASE? _____

CARRIERS SUBMITTED TO

Authorization To Obtain And Release Information

I understand that the life insurance companies named below, their reinsurers, any insurance support organizations and the authorized representatives 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 any other medically related facility, Medical Information Bureau (MIB), or other organization, institution or person that has any records or knowledge of the proposed insured to furnish to the insurance companies named below the types of information specified in this Authorization.

The types of information will include records or facts related to employment, other insurance coverage, past and present physical and mental state of health, drug and/or alcohol use, character, habits, avocations, finances, reputation, credit, or other personal traits.

The information will be used by the insurance companies named below and/or their reinsurers to determine eligibility for insurance and claims. The information may also be used 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 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 may be valid for two years after the date of signing. I acknowledge receipt of the Notice to Proposed insured and Notice of Information Practices.

INSTRUCTION TO AGENT: THE NOTIFICATION APPEARING BELOW MUST BE GIVEN TO THE PROPOSED INSURED BEFORE OR AT THE TIME OF SIGNATURE.

AIG	Hartford	MetLife/ Travelers	Principal Financial Group	Sun Life Of Canada
American General	Indianapolis Life	Met Life Investors	Protective Life	Transamerica
Banner Life	ING USA	Midland National	Prudential	
Canada Life	Jefferson Pilot Financial	New England	Reliastar	US Financial Life
Empire General	John Hancock/ Manulife	New York Life	Security Connecticut	West Coast Life
First Coventry	Life of Virginia	Ohio National Life	Sec. Life of Denver	Life Settlement Insights
First Colony	Lincoln Benefit Life	Pacific Life	Southland Life	Berger Insurance Services
First Penn Pacific	Lincoln Financial Group	Potomac Group West		Underwriting Solutions

Signed at _____ this _____ day of _____ 20____ x _____
Signature of Proposed Insured

NOTICE TO PROPOSED INSURED

In compliance with Public Law 90-508 (Fair Credit Reporting Act), I understand that as part of the underwriting procedure, any of the insurance companies listed may secure on me a routine inquiry involving interviews with third parties such as family members, business associates, financial sources, friends, or others who may have information concerning my character, general reputation, personal characteristics and mode of living. I further understand that upon written request from me, additional information will be provided me concerning the nature and scope of the inquiry if one is actually made.

Information regarding your insurability will be treated as confidential. The life insurance companies listed in this Notice or their reinsurers may, however, make a brief report thereon to the Medical Information Bureau, Inc., a non-profit organization of life insurance companies, which operates an informational exchange bureau on behalf of its members.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction with the procedures set forth in the federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112. Telephone (617) 426-3660.

NOTICE OF INFORMATION PRACTICES

In the course of properly underwriting and administering your insurance coverage, the listed insurance companies will rely heavily on information provided by you. The Companies may also seek information, from others, such as medical professionals who have treated you, hospitals, other insurance companies, consumer reporting agencies, or the Medical Information Bureau, Inc. (MIB).

In certain circumstances, and in compliance with applicable law, the insurance companies may disclose necessary items of information to third parties without your specific authorization.

You have the right to be told about and to see a copy, if you wish, of items of personal information about you which appear in our files, including information contained in investigative consumer reports. You also have the right to seek correction of personal information you believe to be inaccurate.

THE ABOVE IS A GENERAL DESCRIPTION OF THE LISTED INSURANCE COMPANIES, AND YOUR AGENT'S INFORMATION PRACTICES. IF YOU WOULD LIKE TO RECEIVE A MORE DETAILED EXPLANATION OF THESE PRACTICES, PLEASE SEND YOUR REQUEST TO Berger Insurance Services.

