

## Illustration request

\* Agent Name: \_\_\_\_\_ \* State of Application: \_\_\_\_\_

\* 1<sup>st</sup> Client • name: \_\_\_\_\_ \* DOB: \_\_\_\_\_

\*  Nonsmoker - quit date \_\_\_\_\_, \*  cigarette smoker, other tobacco \_\_\_\_\_

\* What is the underwriting classification? \_\_\_\_\_

\* Amount of insurance: \_\_\_\_\_

\* Plan (s) of insurance: \_\_\_\_\_

\* How do you want the illustration run? \_\_\_\_\_

\* 2nd Client name: \_\_\_\_\_ \* DOB: \_\_\_\_\_

\*  Nonsmoker - quit date \_\_\_\_\_, \*  cigarette smoker, other tobacco \_\_\_\_\_

\* What is the underwriting classification? \_\_\_\_\_

\* Amount of insurance: \_\_\_\_\_

\* Plan (s) of insurance: \_\_\_\_\_

\* How do you want the illustration run? \_\_\_\_\_

\* Other Comments: \_\_\_\_\_

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Please Fax Illustration request to Berger Insurance Services at (760) 435-9703

If you have any questions while filling this form out please contact Fred Berger at (760) 435-9702 or email him at [UndSolutions@cs.co](mailto:UndSolutions@cs.co)

Berger Insurance Services  
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