

Date: \_\_\_\_\_  
 Agent Name: \_\_\_\_\_  
 Agent Phone: \_\_\_\_\_

# PRELIMINARY INQUIRY

Not an application for life insurance. This Preliminary Inquiry is used exclusively to gather specific information on a proposed insured's medical history and other factors that may impact underwriting and rating classification.

Insured Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_  Male  Female SS#: \_\_\_\_/\_\_\_\_/\_\_\_\_

Any weight change (ten pounds or more) in the last year?  Yes  No If YES, how much? \_\_\_\_\_

Reason for change: \_\_\_\_\_

Does insured currently use tobacco in any form (cigarettes, cigars, chewing tobacco, etc.)?  Yes  No

If YES, please specify the form of tobacco and the quantity used: \_\_\_\_\_

If insured no longer uses tobacco in any form, when did insured quit? \_\_\_\_\_

List medication(s) including the dosage: \_\_\_\_\_

If insured has deceased parents or siblings, indicate age and cause of death: \_\_\_\_\_

Current blood pressure: \_\_\_\_/\_\_\_\_ Current cholesterol level: \_\_\_\_\_ Ratio: \_\_\_\_\_ HDL: \_\_\_\_\_ LDL: \_\_\_\_\_

(For the following, please complete the appropriate corresponding Preliminary Inquiry-Detail Form and submit along with this form.)

Has the insured been treated for any of the following (check all that apply and provide initial treatment date)?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Alcohol/Drugs _____ | <input type="checkbox"/> Diabetes _____     | <input type="checkbox"/> Lung Disorders _____ |
| <input type="checkbox"/> Cancer _____        | <input type="checkbox"/> Hypertension _____ | <input type="checkbox"/> Sleep Apnea _____    |
| <input type="checkbox"/> Cardiac _____       | <input type="checkbox"/> Depression _____   | Other _____                                   |

Has the insured been involved in any of the following activities (check all that apply)?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Foreign Travel _____<br>(countries visited/date) | <input type="checkbox"/> Scuba Diving _____<br>(depth of dive/date of last dive) | <input type="checkbox"/> DUI/DWI _____<br>(date(s)) |
| <input type="checkbox"/> Aviation _____<br>(types)                        | <input type="checkbox"/> Racing _____<br>(cars/boats/motorcycles)                | Other _____<br>(details)                            |
| <input type="checkbox"/> Sky Diving _____<br>(date of last dive)          | <input type="checkbox"/> Criminal Bkgrd. _____<br>(date(s))                      | _____   |

Are you a U.S. Citizen?  Yes  No If NO, please note immigration status: \_\_\_\_\_

Please list all Doctors seen in the last five years:

Name and Specialty	City, State	Phone Number	When?/Why?

Face amount desired: \_\_\_\_\_ Plan desired: \_\_\_\_\_

Do you have a firm timeline for obtaining coverage?  Yes  No

If YES, please provide details: \_\_\_\_\_

If your case cannot be issued as applied for, would your client/prospect consider:

- Paying additional premium and/or  Accepting a lower face amount

Have you recently submitted this case to another carrier or BGA?  Yes  No

If YES, what was the outcome? \_\_\_\_\_

Current Offers	Carrier	Premium	Class	Decline, Why?

Date: \_\_\_\_\_  
 Agent Name: \_\_\_\_\_  
 Agent Phone: \_\_\_\_\_

# AUTHORIZATION FORM

**This Authorization is HIPAA compliant**

Print Name of Proposed Insured: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ SS#: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_

The purpose of this Authorization is to permit Ash Brokerage to obtain and release nonpublic personal information about me, the Proposed Insured named above, for the purposes of determining my eligibility for, and obtaining insurance products and services from, one or more of the insurers or other institutions listed below. Any and all records and information regarding diagnosis, testing, treatment and prognosis of my physical or mental condition are to be released. Such records and information to be released may include, but not be limited to, facts about my mental and physical health, drug/alcohol abuse treatment, pharmacy prescriptions, HIV testing and treatment, STD testing and treatment, genetic general reputation, mode of living, finances, occupation, driving records and other personal traits.

I authorize any physician or other medical practitioner, any hospital, clinic, or other health-related facility, any medical testing laboratory, any insurer, any state motor vehicle department, my past or current employer(s), the Social Security Administration, and any other organization, institution or person that has information about me to release such information to Ash Brokerage, and its authorized representatives.

I specifically authorize the companies listed below to receive information from, and to release information to, Ash Brokerage. I also specifically authorize Ash Brokerage and the companies listed below to release information about me to their reinsurers, underwriters or other persons or organizations performing business, professional or insurance functions for them. I also authorize the Medical Information Bureau, Inc. (MIB) to release information directly to any company listed below, upon such insurer's request, provided the insurer is a member of MIB.\*

This Authorization shall be effective for two years after the date signed below, unless revoked by me in writing and written notice of the revocation is provided to Ash Brokerage, 7609 W. Jefferson Blvd., Fort Wayne, IN 46804. Any action taken in reliance of this authorization prior to the notice of the revocation shall be valid. I understand that any information that is used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected under federal or state privacy rules.

I acknowledge that I have read and understand the above and agree that this authorization was completed prior to my signature. I further agree that a copy of this authorization, whether a photocopy, carbon copy, or otherwise, shall have equal standing as if it were an original and can be relied upon by Ash Brokerage and/or any third party designated herein.

\_\_\_\_\_  
 Proposed Insured's Signature/Guardian or Custodian/Authorized Representative Date

\_\_\_\_\_  
 Broker/Agent/Agency/Firm Signature Date

### Company List

Advanced Settlements	Genworth Financial	Lifeline Capital Group, The	Principal Life
AIG Amer. General Life Insur. Co.	Genworth Life & Annuity Insurance Co.	Lincoln Benefit Life	Protective Life
AIG Life	Genworth Life Insurance Co.	Lincoln Life & Ann. of NY	Prudential/PRUCO
Allianz Life Insurance Co.	Genworth Life Insurance Co. of NY	Lincoln National	RBC Insurance
Allmerica Financial	Gleaner	Lincoln National Rein. Co.	Reliance Standard
American Investors	Hartford Life Insurance Co.	LS Funding	Security Life of Denver
American Life & Casualty	Illinois Mutual	Maple Life	Reinsurance Co.
American Mayflower	Independent Funding, LLC	Mass Mutual Life	Security Mutual Life of NY
American National Insur. Co.	Indianapolis Life Insurance Co.	Met Life	State Life
Assurity	ING Reliastar	Mutual of Omaha	Sun Life of Canada
Axa/MONY Life Insurance Co.	ING Reliastar of NY	National Guardian	Sun Life/Keyport
Banner Life	ING USA Life & Annuity	National Integrity	Transamerica
Chase Insurance	Integrity Life	Nationwide	Travelers Insurance
Cologne Life Reinsurance Co.	Jefferson Pilot Life Insurance	New York Life	Travelers Life and Annuity
Companion Life of NY	John Hancock Life Insurance Co.	North American	United of Omaha
Empire General Life	John Hancock NY	North American of NY	US Financial
Fidelity & Guaranty	John Hancock USA	Old Republic	US Life Insurance of NY
Fidelity Security	Lafayette Life	Peachtree	Welcome Funds
First Colony	Life Settlement Company of America,	Penn Mutual	West Coast Life
First Penn Pacific	LCC	Penn Treaty	Western Reserve Life
Fort Dearborn	Life Settlement Insights, LLC	Physicians Mutual Life	WilliamPenn of NY

Other Company: \_\_\_\_\_ Insured Initials: \_\_\_\_\_

Must be initialed to be valid

\* MIB is a not for profit organization of life insurance companies and operates an information exchange for its members. Upon request of a member company, in connection with determining your eligibility for insurance, MIB may supply that member company with information in its file.

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# PRIVACY POLICY

At Ash Brokerage, protecting your privacy is very important to us. We are strongly committed to safeguarding the information you provide us and to using it responsibly. Because of our commitment to you, we have adopted and adhere to the following policy regarding the privacy of your personal information.

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## Collection of Information

We may collect nonpublic personal financial information about you from some or all of the following sources:

- Information we received from you on applications, new account forms and fact-finding questionnaires;
- Your transactions with us, our affiliates, and those product sponsors with whom we have vendor agreements or other arrangements for the provision of services to you;
- Information we receive from non-affiliated third parties, including, but not limited to consumer reporting agencies; and
- Affiliated and unaffiliated product sponsors with whom we have selling relationships and whose products you own.

## Disclosure of Information

We will not share nonpublic personal information concerning our potential, current, or former customers with affiliated or unaffiliated third parties, except as permitted by law. Nor will we share this information for marketing purposes, except as permitted by law.

Generally, we may disclose customer nonpublic personal information to affiliates and non-affiliated third parties that provide services to us or have contracts with us to supply the products or services that you have requested through us. Examples of third parties with whom we may share your information include:

- Insurance companies, mutual fund companies, insurance support organizations, and other product sponsors to effect purchases and sales and allow for the servicing of your account;
- Your agent or broker/dealer;
- Clearing agencies through whom we clear and settle securities transactions;
- Third party investment advisory firms with whom we have relationships for the management of customer advisory accounts;
- Businesses, such as banks and other financial institutions with whom we have an agreement for the marketing and sale of products and services;
- Regulatory or law-enforcement authorities; and
- Record keeping companies

Where we share your nonpublic personal information with third parties for the purposes noted above, we ensure that there are contractual restrictions on their use and disclosure of that information

## Protection of Information

We have security practices and procedures in place to prevent unauthorized use or access to your nonpublic personal information. Within Ash Brokerage Corporation, your information is only available to those individuals requiring access to process or service your transactions with us, and those fulfilling compliance, legal or audit functions on our behalf. We maintain physical, electronic, and procedural safeguards to ensure the protection of your nonpublic personal information in accordance with state and federal privacy regulations.