



SBG

Solutions For Life

Application Cover Sheet

Life Company: _____

Client Name: _____ DOB: _____ Social: _____

Agent Name: _____ Contract #: _____

Product: _____ Face Amount: _____ Premium: _____

Requirements Needed:

- Cover letter with client history
- Agent Contracting
- All questions answered to include details to all yes answers
- All doctor information included (via application or cover letter)
- HIV Form
- HIPAA Authorization
- Authorization required by clients physician
- Replacement Forms (if required)
- 1035 Forms (if required)
- Aviation Questionnaire (if required)
- Avocation Questionnaire (if required)
- Financial Questionnaire