



Insurance Application for _____ Date: _____

- I. **Insured/Applicant (Description of insured(s), occupation, business, age, net worth, income activities/hobbies):**

- II. **Coverage applied for (Product, Face Amount, Design of case (If business describe owners transition plans etc.), Source of Premium, Purpose of Coverage):**

- III. **Financial Advisor Relationship (How long has advisor known client, firm):**

- IV. **Ownership of policy (Explanation of Owner & Beneficiary, insurable interest, Trust to be established):**

- V. **Inforce Coverage (Will coverage be replaced, total pending and applied amount, other carriers or competition involved):**

- VI. **Health (Current health, smoker-non, known conditions and activities of insured, any specific pricing rating needed to secure coverage):**

Advisor Capitas Financial / Pacific Southwest Financial