

# Shaw Assist Form



**Shaw American**  
**FINANCIAL CORPORATION**  
 The Wonder ! Writers <sup>SM</sup>

## Insured

M  F Date of Birth      /      /       
 mm / dd / yy  
 Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Interview Information

Please contact Insured:      /      /      Time (EST) \_\_\_\_\_  
 Mm dd yy  
 Primary Telephone \_\_\_\_\_ Secondary Telephone \_\_\_\_\_  
 Clients Email \_\_\_\_\_

### **Very Important!**

**Calls Take Approx 10-15 minutes, please make sure your client is available at that time and the time is between 8:45am & 4:45pm EST. Make sure if the client have existing insurance, to have the policy date, number, company, face & beneficiary available before interview time.**

## Proposed Policy Information

Carrier \_\_\_\_\_ Rate Class Quoted \_\_\_\_\_ Quoted Modal Premium \_\_\_\_\_ Face Amount \_\_\_\_\_  
 Term Period  10  15  20  30 Billing Frequency  Annual  Semiannual  Quarterly  Monthly  
 Does the client have any insurance inforce?  Yes  No If Yes, will this insurance be replaced?  Yes  No  
 Is this business insurance?  Yes  No  
 IF for business, please explain reason for insurance \_\_\_\_\_  
 Date to Save Age?  Yes  No Waiver of Premium?  Yes  No

## Risk Evaluation

1. Do you have a history of alcohol or substance (drug) abuse?  Yes  No  
 a. If yes, has there been any abuse in the past 10 years?  Yes  No  
 2. Have you had any DUIs in the past 5 years?  Yes  No  
 a. in the past 3 years?  Yes  No  
 3. Have you had more than 2 moving violations in the past 3 years?  Yes  No  
 4. Family History

	Age if Living	Age at Death	List any Cardiac Conditions of Heart Disease; Age of Onset	List any Cancer Diagnosis; Age of Onset	Comments
Father					
Mother					
Siblings					
Siblings					

5. What is your height? \_\_\_\_\_ weight? \_\_\_\_\_  
 6. Have you used any nicotine products in the past?  Yes  No  
 a. If yes, type of nicotine? \_\_\_\_\_  
 b. If yes, Date of Last Use Date:      /      /       
 Mm dd yy

## Producer

Producer Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ (Where the email signature link needs to be sent)

## Shaw American Financial Corp.

830 S. Second St., P.O. Box 648, Louisville, KY 40201 (800) 626-5888 [www.shawamerican.com](http://www.shawamerican.com)

**Please fax to 888-329-7429 or email to [shawassist@shawamerican.com](mailto:shawassist@shawamerican.com)**