Shaw Assist Form

Shaw American FINANCIAL CORPORATION
The Wonder ! Writers sm

Insured

Last Name _____ First _____ M.I. ___ ☐ M ☐ F Date of Birth ___/___/___ mm / dd / yy

Address _____ City _____ State _____ Zip _____

Interview Information

Please contact Insured: _____/_____/_____ Time (EST) _____
Mm dd yy

Primary Telephone _____ Secondary Telephone_____

Clients Email _____What is the primary spoken language _____

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 has 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.
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Please fax to 888-329-7429 or email to shawassist@shawamerican.com