

# Shaw Assist Quick Ticket

Fax: 888-329-7429 • E-Mail: email@shawamerican.com • Phone: 800-626-5888

Clients Must Have E-Mail or Fax to be Eligible for Electronic Process. Interviews are Completed Monday-Friday 9am-5pm

Client's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Face Amount: \_\_\_\_\_ Plan: 10 15 20 30 Other: \_\_\_\_\_

Which days work best for your client? (Circle Two or Three): Mon Tues Wed Thurs Fri

What time of day works best for your client? (Circle One): Morning Afternoon Evening Urgent

Class Quoted: \_\_\_\_\_ State of Residence: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Sex: M or F

Circle a Carrier: AIG, American National, AXA, Banner, Genworth, ING, John Hancock, Lincoln Financial, MetLife, Minnesota, Nationwide, North American, Principal, Protective, Prudential, SBLI, Symetra, Transamerica, and United of Omaha. Note: Symetra requires a full application

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## Producer Information

Producers Name (Please Print): \_\_\_\_\_ Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you licensed in the state of residence of the client? Yes or No

How long have you known the client? Number of Years: \_\_\_\_\_ Just Met

Disclaimer: Shaw American is completing the application on my behalf, Shaw American, Paramed, or Home Office may contact my client on other related matters to complete the underwriting process

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## OPTIONAL: Completing the following optional information will shorten the interview process

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Purpose of Insurance (Circle One): Personal Business Other: \_\_\_\_\_

Income: \_\_\_\_\_ Assets: \_\_\_\_\_

Net Worth: \_\_\_\_\_ Liabilities: \_\_\_\_\_

Tobacco Use: \_\_\_\_\_ Height/Weight: \_\_\_\_\_

Family History: \_\_\_\_\_

Ownership: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Occupation: \_\_\_\_\_ Replacement: Y or N SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Personal Physician: \_\_\_\_\_

Any Additional Notes to help expedite underwriting: \_\_\_\_\_

\_\_\_\_\_

**Avoid Exams, Bloodwork, and APS requests, and customer dissatisfaction.**

**Issue your case in a week with**

## **The Principal Accelerated Underwriting<sup>sm</sup> Program.**

**We have compared the best preferred rates on the market, to Principal to see if this is right for you and your client.**

**Female Preferred Non Smoker \$1,000,000**

Term Length	Age	Company A	Principal National
10 Years	45	660	685
10 Years	50	915	973
10 Years	55	1,397	1,445
15 Years	45	819	855
15 Years	50	1,139	1,219
15 Years	55	1,800	1,825
20 Years	45	1,014	1,080
20 Years	50	1,538	1,557
20 Years	55	2,337	2,435
30 Years	45	1,694	1,760
30 Years	50	2,540	2,656
30 Years	55	4,445	4,950

**Male Preferred Non Smoker \$1,000,000**

Term Length	Age	Company A	Principal National
10 Years	45	\$747	\$793
10 Years	50	\$1,119	\$1,171
10 Years	55	\$1,669	\$1,940
15 Years	45	\$1,014	\$1,037
15 Years	50	\$1,602	\$1,602
15 Years	55	\$2,717	\$2,775
20 Years	45	\$1,339	\$1,385
20 Years	50	\$2,089	\$2,089
20 Years	55	\$3,349	\$3,412
30 Years	45	\$2,305	\$2,350
30 Years	50	\$3,692	\$3,795
30 Years	55	\$6,728	\$7,270

**Step 1.**

- Complete our BRAND new Shaw Assist Quick Ticket! and Circle Principal.

**Step 2**

- Fax: 888-329-7429 or Email: email@shawamerican.com to Shaw American.

**Step 3.**

- Underwriting will do a Phone Interview, run a MVR, MIB and RX Check.
- If the application is approved it will be issued. If not approved a paramed appointment will be scheduled and any additional requirements ordered.

**Qualifications**

Ages 18-60

Face Amount up to \$1,000,000.

New Business Only (Term, UL, IUL, and SUL).

Super Preferred or Preferred Risks Only.

**Disqualifications**

Major Medical Conditions.

DUI or Reckless Driving in the last 5 yrs.

Criminal History.

Foreign Nationals or Hazardous Travel.

If over age 50 must have a primary doctor and have routine physicals.

Tobacco use in the last 24 months.

Prior Informal request to Principal in last 24 months.

Labs completed for insurance in the last 12 months.

Prior coverage approved other than Preferred or Super Preferred.

**Call or Email Shaw American for FULL details!**

**1-800-626-5888 email@shawamerican.com**