

**Complete this SECTION for Agent's FIRST PIECE OF BUSINESS Only**

Agent Name: \_\_\_\_\_ Date L&C Paperwork submitted to Home Office: \_\_\_\_\_

Agent Code Number: \_\_\_\_\_

If Code Number not yet assigned, Agent's SSN or TIN: \_\_\_\_\_

Policy Number \_\_\_\_\_ Applicant Name \_\_\_\_\_ DOB \_\_\_\_\_

IMO/BGA/Agency Number \_\_\_\_\_ IMO/BGA/Agency Name \_\_\_\_\_

Agent Number \_\_\_\_\_ Agent Name \_\_\_\_\_ Date \_\_\_\_\_

- |                                                                                          |                                                                |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> New Application                                                 | <input type="checkbox"/> Reissue (Indicate instructions below) |
| <input type="checkbox"/> Informal (Quote- Authorization required w/personal information) | <input type="checkbox"/> Previous Quote Number _____           |
| <input type="checkbox"/> Underwriting Requirements                                       | <input type="checkbox"/> Delivery Requirements                 |
| <input type="checkbox"/> Other _____                                                     |                                                                |

**CONTACT INFORMATION FOR CASE FOLLOW UP**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ ext: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**SPECIAL ISSUE INSTRUCTIONS**

- |                                                                                                                           |                                                                            |                                                           |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Save Age                                                                                         | <input type="checkbox"/> Advance Date _____ (Not available for IUL or VUL) | <input type="checkbox"/> Date Current                     |
| <input type="checkbox"/> Draft Initial Premium                                                                            | <input type="checkbox"/> This is a Companion Case                          | <input type="checkbox"/> Issue w/Companion Policy # _____ |
| <input type="checkbox"/> Applicant Name as it should appear on Policy _____                                               |                                                                            |                                                           |
| <input type="checkbox"/> More than one application on same applicant _____ (Indicate Additional or Alternate Application) |                                                                            |                                                           |
| <input type="checkbox"/> If approved other than applied for, do not issue until we have accepted offer                    |                                                                            |                                                           |
| <input type="checkbox"/> At approval, hold for issue instructions <input type="checkbox"/> List Bill # _____ Name: _____  |                                                                            |                                                           |

**ePOLICY DELIVERY INSTRUCTIONS (TERM AND A&H PRODUCTS ONLY)**

- ePolicy Delivery (Deliver this policy electronically to the policy owner email address on the application)**

\*policy owner email address must be provided on application.

**OTHER INFORMATION**

Inspection Report:	<input type="checkbox"/> Agent Ordered	<input type="checkbox"/> Carrier to Order
APS (Dr. Name): _____	<input type="checkbox"/> Agent Ordered	<input type="checkbox"/> Carrier to Order
APS (Dr. Name): _____	<input type="checkbox"/> Agent Ordered	<input type="checkbox"/> Carrier to Order
<input type="checkbox"/> Check Amount \$ _____ Name on Check: _____		

**OTHER SPECIAL INSTRUCTIONS**

\_\_\_\_\_

**Remember: <http://eStation.americangeneral.com> is your source for policy and form information.**

By providing complete and accurate information, processing time can be expedited.