

PRELIMINARY UNDERWRITING CONSIDERATION FORM

www.oxbowmkt.com FAX TOLL-FREE 1-800-OXBOWFAX (1-800-692-6932) oxbowmkt.usfli.com

Date: _____ Regular Telephone Number: _____

From: _____ Fax Number: _____

ANSWERS TO THE QUESTIONS BELOW ARE MANDATORY TO RECEIVE A QUOTE

Applicant's Name _____

Address _____

Date of Birth _____ Sex _____

Height _____ Weight _____ Tobacco Use _____

Plan _____ Face Amount _____

Amount of Insurance In-Force _____

Medical Impairment Summary _____

Family History (important!)			
<u>Relation</u>	Age if Living	State of Health or Cause of Death	Age at Death
Father			
Mother			
Brothers & Sisters			

Action By Other Companies _____

Company _____ **When** was action taken? _____

Rated _____ Declined? Y N

Reason _____

Plan _____ Face Amount _____

Tentative Offer _____

Underwriter _____ Date _____