

FACT FINDER

Performance Evaluation for Life Insurance Policy

Section A: Insureds
Insured 1

 Full Name _____
 Gender (m/f) _____ Date of Birth _____
 Social Security Number _____
 Home Address _____
 Employer _____
 Business Address _____

 Cell Phone _____
 Office Phone _____
 Home Phone _____

Insured 2

 Full Name _____
 Gender (m/f) _____ Date of Birth _____
 Social Security Number _____
 Home Address _____
 Employer _____
 Business Address _____

 Cell Phone _____
 Office Phone _____
 Home Phone _____

Section B: Life Insurance Portfolio
Purpose is defined as personal/business, estate planning, survivor income, buy-sell, or keyman.

Insured 1							
Purpose	Insurance Company	Policy Number	Policy Date	Product	Cash Value	Death Benefit	Premium

Insured 2							
Purpose	Insurance Company	Policy Number	Policy Date	Product	Cash Value	Death Benefit	Premium

Section C: Policy Objectives
Using the policies from above, please indicate the objective of each policy.

Insured 1					
Insurance Company	Policy Number	Personal/Business	Cash Value Accumulation or Guarantees?	Premium Duration	How Long Should the Policy Last?

 Additional Details: _____

Section C: Policy Objectives (continued)

Using the policies from above, please indicate the objective of each policy.

Insured 2					
Insurance Company	Policy Number	Personal/Business	Cash Value Accumulation or Guarantees?	Premium Duration	How Long Should the Policy Last?

Additional Details: _____

Section D: Carrier Ratings

Based on the insurance carrier ratings, specify your preference on the comdex rating of an insurance carrier.

_____ 90 Comdex & Above

_____ 80 Comdex & Above

_____ 70 Comdex & Above

_____ 60 Comdex & Above

The Comdex is the average percentile for company ratings.

Authorization - Receipt of Life Insurance Policies

Thank you for allowing us to access to your current life insurance policies. Please be assured we will keep your documents and the information they contain confidential and safe. _____ (Representative) acknowledges receipt of the following life insurance policies to be utilized for review purposes only.

Insured	Insurance Carrier	Policy Number	Policyowner

All information above will be held in confidence. The policy data collected may be reviewed and assessed by qualified personnel consisting of medical, underwriting, and actuarial resources or other related employees involved in the submission, receipt or evaluation of insurance applications or prospective applications of _____ (Representative), affiliated insurance companies and their reinsurers.

We will return your contracts and any supporting information promptly upon the completion of the Performance Evaluation process.

Insured 1

Date

Policyowner (if other than Insured)

Date

Insured 2 (if applicable)

Date

Policyowner (if other than Insured)

Date

Representative

Date