

EXPLANATION OF COVERAGE

To help assist in the process and to avoid delays in the review of a policy application with Underwriting, please complete this document and submit along with the policy application.

Applicant Name:

Policy #:

Broker/Representative Name:

SOURCE OF PREMIUM (Check all sources that will be used to pay premium)

- Salary \$ _____ Qualified Plan Distribution \$ _____ Business Income \$ _____
- Social Security \$ _____ Investment Income \$ _____
- Sale of Assets (value) \$ _____ (describe) _____
- Other (value) \$ _____ (describe) _____

TRANSACTION TYPE (Check the type of transaction for the application)

Income Replacement

- Annual Salary \$ _____ Social Security \$ _____ Bonus \$ _____
- Investment Income \$ _____ Pension Income \$ _____ Business Income \$ _____

Applicants who are no longer working, the last quarterly investment statement is required. Verification of income may be required for large cases.

Wealth Transfer & Estate Planning (Please provide most recent quarterly investment statement)

- Value of Qualified Plans \$ _____ Expected Income Taxation \$ _____
- Value of Real Estate \$ _____ Value of Investments \$ _____
- Value of Business \$ _____ Other Assets (value) \$ _____ (describe) _____

Family Needs (Please complete Income Replacement Section)

- Mortgage \$ _____ Debts \$ _____ Children's Education \$ _____
- Other (value) \$ _____ (describe) _____
- Desired Income Replacement \$ _____ for _____ years.

Charitable

Business

Legacy

Please note:

If any of these transaction types are selected more detailed information may be requested from Underwriting.