

LIFE ILLUSTRATION REQUEST FORM

Today's Date	Requested By			
Agent Name	E-Mail Address			
Phone	FAX			
Street Address	Suite	City	State	Zip Code
Contact information if different than agent				
Type of coverage				State
Illustration notes & details				

Insured Name	Age or DOB	Gender	Smoker	Underwriting Class	Table Rating	Face Amt or Premium
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> O	<input type="checkbox"/> SP <input type="checkbox"/> PR <input type="checkbox"/> ST		
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Y = Smoker, N = Non-smoker, O = Other Tobacco Use, SP = Super Preferred, PR = Preferred, ST = Standard

Date illustration is needed by
Preferred delivery options <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/> Pick-up <input type="checkbox"/> Fed Ex Agent # _____
Additional supplies needed <input type="checkbox"/> Applications <input type="checkbox"/> Licensing Packet <input type="checkbox"/> Other _____

Thanks for doing business with CPS Insurance Services!