U.S. FINANCIAL LIFE Insurance Co.

A Member of THE MONY GROUP

_____

Date

This page and four additional pages are allowed

Fax the Facts

Preliminary Underwriting Consideration Form

To: Preliminary Department

Fax No: **800-332-4029**

From: _____

General Agency

Fax No: _____

The following questions must be answered to receive a tentative quote

_____ _____ _____ _____ _____

Name of applicant | age | sex | height | weight

Tobacco use _____ yes _____ no If yes, which type _____ (pipe, cigar, etc.)

Face amount $ _____ Plan _____ How much _____

I need a _____ offer from USFL to place this case.

Summarize medical impairment/condition

_____

_____

_____

_____

_____

Action by other companies

declined ' rated ' _____ (rating) plan _____ face amount _____

reason _____ company(ies) _____

Tentative Offer

_____

_____

_____

_____

_____ by _____ date _____

Final underwriting decision will be based on the formal application and underwriting requirements

10290 Alliance Road · Cincinnati, OH 45242 · (513) 686-2000