

Personal History (this section must be completed)

Name: _____ Male Female

Address: _____

Social Security No.: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Height: _____ Weight: _____

Net worth: _____ Monthly earned income: _____

Tobacco/Nicotine Usage

1. Have you ever used tobacco? Yes No

Date of last use: _____

Type of tobacco: _____ Frequency/Amount: _____

Agent Information (this section must be completed)

Name: _____ Phone: _____ Fax: _____ Email: _____

Requested Insurance Plan (this section must be completed)

Has the Insured been shopped with multiple carriers? Which carriers and result?

Minimum consideration; \$1m face amount (not term) and/or minimum premium of \$15,000.

Face amount desired: _____ Annually Monthly

Universal Life Whole Life Survivorship

Purpose of the insurance? Business Planning Estate Planning Life Settlements
 Personal Planning Premium Finance

Provide details on pending and in-force coverage:

Company	Policy/ Application Date	Amount	Class/Rating Issued	Current Premium	Do you plan to replace
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

For Internal Use

Phone: 800-356-4189



Proposed Insured _____ Soc. Sec. # _____

Have you been declined for Life insurance in the past? Yes No

If yes, explain:

Medical History (this section must be completed)

1. Who is your Primary Care Physician: _____

Address: _____

Phone: _____

When did you last consult your doctor? _____ Reason: _____

Other Physician: _____ Reason: _____

Address: _____

Other Physician: _____ Reason: _____

Address: _____

(Additional space on back)

2. In what hospitals, clinics or other health facilities have you been treated? _____

3. Current Medications: _____

Family History check here if this section is not applicable.

Have any immediate family members (parents, siblings) been diagnosed or died from heart disease or cancer? Y N

Table with 3 columns: Relationship, Diagnosis, Approximate at onset of disease, if deceased, age at death. Contains 4 empty rows.

Have you had any moving violations in the last five (5) years? Yes No

If yes, provide dates: _____

Please Check Applicable:

- | | |
|---|---|
| <input type="checkbox"/> Aneurysm | <input type="checkbox"/> Coronary Artery Disease (CAD) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Crohn's Disease |
| <input type="checkbox"/> Atrial Fibrillation | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Barrett's Esophagus | <input type="checkbox"/> Hepatitis C |
| <input type="checkbox"/> Bypass Surgery | <input type="checkbox"/> Hypertension (High blood pressure) |
| <input type="checkbox"/> Cancer - with a subset of options | <input type="checkbox"/> Kidney or Liver Issues |
| <input type="checkbox"/> Breast | <input type="checkbox"/> Lymphoma |
| <input type="checkbox"/> Colon | <input type="checkbox"/> Mitral Valve Disorder |
| <input type="checkbox"/> Prostate | <input type="checkbox"/> Myocardial Infarction (Heart Attack) |
| <input type="checkbox"/> Skin | <input type="checkbox"/> Parkinson's Disease |
| <input type="checkbox"/> Other | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Cardiomyopathy | <input type="checkbox"/> Sleep Apnea |
| <input type="checkbox"/> COPD (Chronic Obstructive Pulmonary Disease) | <input type="checkbox"/> Stroke (TIA) |
| <input type="checkbox"/> Coronary Artery Bypass Graft (CABG) | <input type="checkbox"/> Ulcerative Colitis |

Please explain any checked boxes:

Other health issues:

11095 Viking Drive, Suite 230
Eden Prairie, MN 55344
Phone: 800-356-4189
Fax: (952) 941-9686



Health Insurance Portability and Accountability Act (“HIPAA”)
This Authorization is HIPAA compliant.

Proposed Insured: _____

Purpose:

The purpose of this Authorization is to permit ECA Marketing, Inc. to obtain and release nonpublic personal information about me, the Proposed Insured named above, for the purposes of determining my eligibility for and obtaining insurance products and services from one or more of the insurers or other institutions listed on the bottom portion of this document. Information that may be released to and disclosed to ECA Marketing, Inc. and the carriers listed on the bottom of this document pursuant to this Authorization shall include any and all Information, to the extent permitted by applicable law.

Information to be Released:

The information to be released pursuant to this Authorization includes any personal health information, records or data concerning my past, present, or future mental, physical or behavioral health or condition (“Information”), to the extent permitted by law.

Specifically, Information includes all information, records or data relating to my physical or mental history or condition; medical treatment, diagnosis, or prognosis, including medications prescribed to me; other insurance coverage(s); hazardous activities; general character and general reputation; finances; occupation; avocation, including any hazardous hobbies; driving records; aviation activities and other personal traits.

I understand that this Information may include results from blood, saliva, urine and other tests.

I further understand that this Information may, if applicable, include information regarding diagnosis, prognosis and treatment of alcohol or drug abuse (including records protected under federal law 42 CFR Part 2); serious communicable disease or infection, including sexually transmitted diseases; HIV infection, including medical test results.

Authorization:

I authorize any physician or other medical practitioner, any hospital, clinic, or other health-related facility, any medical testing laboratory, any insurer, any state motor vehicle department, my past or current employer(s), the Social Security Administration, and any other organization, institution or person that has Information about me to release such Information to ECA Marketing, Inc. and its authorized representatives.

I specifically authorize the Companies listed on the bottom portion of this document to receive Information from and to release Information to ECA Marketing, Inc. I also specifically authorize ECA Marketing, Inc. and the Carriers listed on the bottom portion of this document to release Information about me to their reinsurers, underwriters or other persons or organizations performing business, professional or insurance functions for them. I also authorize the Medical Information Bureau, Inc. (MIB) to release Information directly to any Carrier listed on the bottom portion of this document, upon such insurer’s request, provided the insurer is a member of the MIB.

I understand that Information disclosed to ECA Marketing, Inc. may have been subject to state and federal privacy laws and regulations. Once Information is disclosed to ECA Marketing, Inc., it may no longer be subject to those laws and regulations. I understand that if I refuse to sign this Authorization to release my complete medical records, ECA Marketing, Inc. may not be able to process my request.

A photocopy of this Authorization shall be as valid as the original.

This Authorization shall be effective for six months after the date signed below, unless revoked by me in writing and written notice of the revocation is provided to ECA Marketing, Inc. at 11095 Viking Drive, Suite 230, Eden Prairie, MN 55344. Any action taken in reliance on this Authorization prior to the notice of the revocation shall be valid.

Signed at _____ this _____ day of _____, 20 _____

This authorization is effective up to _____ day of _____, 20 _____.

Signature of Proposed Insured

Witness Signature

Advanced Settlements
AI Credit
Allianz Life Insurance Co.
American General
American National
Americo Financial Life Ins. Co.
Amerus/Aviva
Assurity
AXA
Banner Life
CFC of Delaware
Coventry
Credit Suisse
Fidelity Life
First Symetra National Life Insurance Company of New York

General American
GenWorth/First Colony
Guardian
Hartford
Indianapolis Life Ins. Co.
ING/Reliastar
John Hancock
Lafayette Life
Liberty Life (RBC)
Life Insurance Concepts
Life Insurance Settlements
Life of the Southwest
LifeStyle Settlements
Lincoln Benefit Life
Lincoln Financial
Metropolitan Life

Minnesota Life
Mutual of Omaha
National Western
Nationwide
New York Life
NIW
North American Life & Health
Old Mutual Financial Network (Americom, F&G)
Pacific Life
Penn Mutual
Phoenix Life
Polaris
Premium Funding Group
Presidential Life
Principal

Protective Life
Prudential
Ridge Capital
Sagicor
Shenandoah Life
Sun Life Financial
Symetra Life Insurance Company
Transamerica Life Insurance Company/TLIC
Transamerica Financial Life Insurance Company/TFLIC
Union Central
United of Omaha
West Coast Life
William Penn of New York
Western Reserve Life