

CENCO Insurance Marketing Corporation Informal Inquiry

1501 El Camino Avenue, Suite 1, Sacramento, CA 95815 (916) 920-5251 Fax (916) 920-8734

Agent's Name _____		Agent's Phone _____/Fax _____	
Agent's Address _____			
Client's Name (s)		DOB	Place of Birth
		Soc. Sec. #	
Resident Address		Beneficiary (Name and Relationship)	
Martial Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Height ____Ft. ____in.
		Weight _____Lbs.	
Plan of Insurance / Amount Desired		How much life insurance in force now?	
Have you ever used any form of tobacco? If yes, give form and frequency. ()Yes (<input type="checkbox"/>) No		Has use been discontinued? If yes, please give the date and give reason. (<input type="checkbox"/>) Yes (<input type="checkbox"/>) No	
Why are you applying on an informal basis?			
Has case been submitted to other companies in past 6 months? (<input type="checkbox"/>) Yes (<input type="checkbox"/>) No If yes, list companies, file numbers, dates submitted and offers made:			

LIST ANY INSURANCE APPLIED FOR THAT WAS RATED OR ISSUED OTHER THAN APPLIED FOR:

Name of Company	Amount	Year	Issued?	Std. Premium	Extra Premium	Reason Rated or Declined

Name and Address	Reason	Date
What physician did you last consult, other than ins. Exam?		
What physician have you consulted in the past 10 years?		
In what hospitals, clinics, etc. have you ever been treated at?		
Who is your personal physician? Date of first consultation?		

*****IMPORTANT-IMPORTANT- IMPORTANT*****

AGENT: PLEASE MAKE SURE THE PROPOSED INSURED SIGNS THE REVERSE SIDE OF THIS DOCUMENT.

Perforate or Cut Here _____

NOTICE TO PROPOSED INSURED — PART I

Notice of Insurance Information Practices — In the course of properly underwriting and administering your insurance coverage, the listed insurance companies will rely primarily on information provided by you. The companies may also see information from others, such as medical professionals who have treated you. In some cases, they may ask a consumer reporting agency to collect information and submit an investigative consumer report to them. You have the right to request to be interviewed in connection with that report. You may receive a copy of the report by contacting the consumer reporting agency as explained in the Federal Fair Credit Reporting Act Notice.

In some situations, and in compliance with applicable law, the insurance companies may disclose necessary items of information to third parties without your specific authorization.

You have the right to be told about, and to see and copy if you wish, items of personal information about you which appear in the insurance companies' files, including information contained in investigative consumer reports. You also have the right to see correction of information you believe to be inaccurate.

American Bankers	Colorado Bankers	General Life	Jefferson Pilot	New York Life	Security Connecticut	United of Omaha
American General	Empire General	Great American	John Hancock	North American Co.	State Life	West Coast
AmerUs Life	First Colony	Great Southern	Lincoln Benefit	North Republic	Travelers	Zurich Kemper
Banner Life	First Penn-Pacific	Guarantee Trust	Metropolitan	Prudential	U.S. Financial	Life Investors
CNA	GE Life				United Home	

Credit Reporting Act. The address of the Medical Information Bureau's Office is Post Office Box 105, Essex Station, Boston, MA 02112, Phone (617) 426-3660. The companies listed in this Notice, or their reinsurer, may also release information in their files to other life insurance companies to whom you may apply for life or health insurance or to whom a claim for benefits may be submitted.

AUTHORIZATION TO OBTAIN AND DISCOSE INFORMATION

The terms that follow have the respective meanings when used in this Authorization:

(1) Authorization: Authorization to obtain and Disclose Information (2) Insurance Support Organizations: Medical Information Bureau, Inc., and/or Consumer Reporting Agency (3) Bureau: Medical Information Bureau, Inc.

I understand that the life insurance companies named below, their reinsurer, any insurance support organizations, and those persons authorized to represent them may need to collect information on me in regard to proposed coverage. Therefore, I authorize any: (1) person licensed to provide health care service (2) hospital (3) clinic or medical facility (4) insurer (5) reinsurer (6) insurance support organization (7) financial source and (8) employer, to give the types of information listed below when this authorization is presented. A copy of this Authorization is valid as the original. I authorize all said sources, except the Bureau, to give such records or knowledge to Cenco Insurance Marketing Corporation.

The types of information will include facts about my: (1) mental and physical health (2) other insurance coverage (3) hazardous activities (4) character (5) general reputation (6) mode of living (7) finances (8) vocation and (9) other personal traits. The life insurance companies named below and their reinsurer will use the information in order to determine whether I am insurable. The insurance agent may also use this information to help update and improve my insurance program. Those parties named in the first paragraph of this Authorization, excluding insurance support organizations, may disclose the information they have collected. They may disclose this information to: (1) other insurers to which I have applied or may apply (2) reinsurer (3) Bureau or (4) other persons who perform business, professional, or insurance tasks for them. Insurance support organizations may disclose information according to any contract with a member company or organization. Information may also be disclosed as allowed by law.

This Authorization will be valid for two years after the date it is signed. I understand that my authorized representatives may request to receive a copy of this Authorization. I acknowledge receipt of the Notice to Proposed Insured – Parts I and II.

Signed at _____ this _____ day of _____, 20_____.

Proposed Insured Signature _____

Witness or Other Authorized Person Signature _____

American Bankers American General Amerus Life Banner Life CNA	Colorado Bankers Empire General First Colony First Penn-Pacific GE Life	General Life Great American Great Southern Guarantee Trust	Jefferson Pilot John Hancock Lincoln Benefit Metropolitan	New York Life North American Co. North Republic Presidential Prudential	Security Connecticut State Life Travelers U.S. Financial United Home	United of Ohaha West Coast Zurich Kemper Life Investors Other
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Agent Instructions: The FCRA and MIB notifications appearing below must be given to the proposed insured before or at the time of signature.

Perforate or Cut Here _____

NOTICE TO PROPOSED INSURED – PART II
Federal Fair Credit Reporting Act Notice (FCRA)

In connection with your informal inquiry about insurance, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your family, friends, neighbors, business associates, financial resources, or others with whom you are acquainted. This report includes information as to your character, general reputation, personal characteristics, and mode of living. Upon written request to the life insurance companies listed in this Notice within a reasonable time after receipt of this Notice, you will be informed whether or not an investigative consumer report was requested and, if so, you will be advised of the name and address and phone number of the consumer reporting agency to whom the request was made. The consumer reporting agency, upon request, will furnish information as to the nature and scope of its investigation. You have the right to inspect and receive a copy of any such reporting by contacting the consumer reporting agency.

Medical Information Bureau (MIB) Inc. Disclosure Notice

Information regarding your insurability will be treated as confidential. The life insurance companies listed in this Notice or their reinsurer may, however, make a brief report thereon to the MIB, a non-profit membership organization of life insurance companies, which operates an informal exchange bureau on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information it may have in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the FCRA.

THE ABOVE IS A GENERAL DESCRIPTION OF THE LISTED INSURANCE COMPANIES AND YOUR AGENT'S INFORMATION PRACTICES. IF YOU WOULD LIKE TO RECEIVE A MORE DETAILED EXPLANATION OF THOSE PRACTICES, PLEASE SEND YOUR REQUEST TO Cenco Insurance Marketing Corporation, 1501 EL CAMINO AVENUE, SUITE 1, SACRAMENTO, CA 95815.