



INSURANCE MARKETING SERVICES

PRODUCTS SERVICE AND TECHNOLOGY

Informal Inquiry Form

Full Name		Sex M <input type="checkbox"/> F <input type="checkbox"/>	Place of Birth	Date of Birth	Height
Social Security #					Weight
Present Address (and Previous for 5 year total)					How Long?
Occupation – Kind of Business – Position – Time Engaged			Name and Address of Employer		
Insurance Proposed	Amount	Plan			
Insurance Now In Force	Name of Company		Amount	Year Issued	Plan
Have you ever been declined <input type="checkbox"/> rated <input type="checkbox"/> Give details	Name of Company		Year	Reason	Rating
Is Trial or Formal pending or contemplated?		If so, what Company			<input type="checkbox"/> smoker <input type="checkbox"/> non-smoker
What Physician did you last consult? What Physicians have you consulted during the past five years? In what clinics, Hospitals or Sanitariums have you ever been treated? Who is your personal Physician? When did you last consult him?	Name and Address		Date	Illness	Duration

Do not return unless all questions are answered

Agent _____ Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____ Email _____

Underwriting Authorization

I hereby understand the necessity for personal medical information to be released to facilitate complete and thorough underwriting. Therefore, I authorize any health care provider, not limited to any one type or source, to release all personal medical records, including information related to the diagnosis or treatment of Human Immunodeficiency Virus, sexually transmitted diseases, suicidal or mental disorders, and all other information concerning my health to Insurance Marketing Services.

I authorize and instruct my insurance providers to release and disclose my entire medical record without delay or restriction.

This personal and protected health documentation is to be released and disclosed to Insurance Marketing Services, for the purpose of underwriting decision, to obtain insurance, and to authorize other legally permitted actions that relate to coverage for which I have applied with any of the insurance institutions named in this document

This document is valid for a period of no longer than 24 months following the date of my signature. If for any reason I wish to terminate this document I may do so in writing to:

**Insurance Marketing Services
171 So. Anita Dr. #102
Orange, CA 92868**

A revocation is not effective if any of my providers have relied on this information or to contest the policy itself. I also understand that information disclosed pursuant to this authorization may be disclosed and no longer covered by certain federal rules governing privacy.

The applicant agrees and understands that the applicant has filed an application with Insurance Market Services, Inc. for life insurance or to secure another financial product or service. During this application Insurance Marketing Services, Inc., has asked for underwriting information and medical necessities from the applicant. This information will be provided to and shared with potential underwriters, staff, and internal support for the sole purpose of underwriting. This information may be stored in an electronic database in which internal users may have access for review. This electronic storage of information allows underwriters and staff to review the stored information real-time for efficient decision making. Secure measures are always strictly enforced to protect unauthorized users from gaining access to this secure information. However, Insurance Marketing Services, its affiliate company, shareholder, staff, or any other associate member of Insurance Marketing Services Inc., is not liable or responsible if a security breach occurs due hackers or others who gain access.

The applicant will hold Insurance Marketing Services, Inc. harmless for any unauthorized access to or use of by any person or company any of the above information.

Privacy Policy

Due Diligence

Insurance Marketing Services, Inc., may collect public, non-public, and private personal health and financial information about you from any, or all, of the following sources:

1. Information received from your personal application, additional forms and questionnaires.
2. Personal business transactions with the aforementioned institutions and product sponsors.
3. Third-party, non-affiliate companies, such as credit reporting agencies.
4. Affiliated and unaffiliated product sponsors in which we have a solicitation agreement with and whose products you may personally own.

Disclosure of Information

Insurance Marketing Services, Inc., does not share non-public or private information about our past, present, or future clients with any third party except where permitted by law. Insurance Marketing Services, Inc., will not share any of this information for marketing purposes except where permitted by law.

Examples of third parties that we would likely share information with include, but are not limited to:

1. Insurance institutions, financial institutions, insurance support companies, and other entities which directly affect and influence purchases and sales of insurance and the maintenance of your personal insurance coverage of accounts.
2. Securities clearing agencies.
3. Third-party investment advisory forms where we maintain relationships for the management of customer accounts.
4. Regulatory or federal, state, or municipal authorities.
5. Record keeping companies.

Protection of Information

Insurance Marketing Service, Inc., is determined to uphold and enforce the strictest security measures available today. It is our duty to update these systems periodically. Your information as mentioned above is only available to parties requiring access to process, underwrite, and service your account. These safeguards are constantly monitored to ensure protection within federal, state, and municipal regulations.

The insurance carriers represented below uphold the highest degree of security and confidentiality. The applicant has reviewed the companies listed below and understands that any or all of the institutions listed may be used to secure the best insurance or financial offer.

- **AIG/American General**
- **Allianz**
- **American National**
- **Banner**
- **Chase Life Insurance Co**
- **Financial Markets**
- **First Colony**
- **Genworth Financial**
- **IMS Settlements, LLC**
- **ING**
- **Jefferson Pilot**
- **Lincoln Benefit**
- **Lincoln National**
- **MetLife Investors**
- **Mutual of Omaha**
- **NACOLAH**
- **Old Mutual**
- **Principle Financial**
- **Prudential**
- **Transamerica**
- **Union Central**
- **United of Omaha**
- **US Financial**
- **West Coast Life**
- **Other : _____**
- _____

Signature Authorization

I have read and completely understand this document. I have the right to rescind my authorization as described in page 1, paragraph 3. I have received a copy of this document. I agree this document shall be valid for a period of twenty-four (24) months from the date below.

Signature of Proposed Insured/Parent or Guardian

Printed Name of Proposed Insured/Parent or Guardian

Signed on this date

City State

Signature of Witness