



Fax: (888) 329-7429
Email: shawassist@shawamerican.com
Phone: (800) 626-5888 Option 5

Shaw Assist Form

INTERVIEW INFORMATION

The client will contact Shaw American on: Date ____/____/____ Time: ____:____ Available Hrs.: 9-4 Mon-Fri East. time

Primary Telephone Number ____-____-____ Clients Email: _____

All interviews are only done between 9:00 -4:00 Monday-Friday Eastern Time!

INSURED INFORMATION

Last Name:		First	Middle
Address		City	State Zip Yrs. at Add.?
M or F Married? Y or N	State of Birth:	Date of Birth ____/____/____	Have you ever used any nicotine? Y or N
Date Last Used & Type ____/____/____			

PROPOSED POLICY INFORMATION

Carrier (Circle One): AXA Banner Genworth ING John Hancock Lincoln Benefit Lincoln Financial MetLife
Nationwide Principal Protective Prudential Transamerica United of Omaha

Rate Class Quoted	Quoted Modal Premium	Face Amount
Term Length: 10 15 20 25 30 Billing Frequency: A SA Q M Riders: Bind Coverage? Yes or No		

ADMINISTRATIVE INFORMATION

Primary Beneficiary	DOB ____/____/____ Relationship
Ownership Designation	DOB ____/____/____ Relationship
Insured's Occupation/Duties	Employer Name
Purpose of Insurance:	Do you have Insurance pending/in force? Yes or No
Replacement: Yes or No	Company Name Term/UL/WL/VUL
Policy #	Face Amount Date of Issue ____/____/____
Income	Assets Net Worth Liabilities Bankruptcy Yes or No

RISK EVALUATION

If you have had a DUI or history of alcohol or drug treatment list details or circle **NONE?**

(Please Also Give) Driver's License # _____ State Expiration _____ Save Age? Yes or No

Have you had more than 2 moving violations in the past 3 years?

Height _____ Weight _____ Any weight loss or gain in the last 12 months? Yes or No

Family History	Age if Living	Age at Death	Cardiac Cond.	Cancer Cond.	Comment
Father					
Mother					
Sibling					
Sibling					

PRODUCER NAME: _____ **PHONE NUMBER:** ____-____-____

How long have you known the client? _____

Risk Evaluation section not required for Banner

	<h2>SHAW ASSIST FORM PROCESS</h2>
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What is the Shaw Assist Form: If your client is applying for term insurance through: AXA, Banner, Genworth, ING, John Hancock, Lincoln Benefit, Lincoln Financial, MetLife, Nationwide, Principal, Protective, Prudential, Transamerica and United of Omaha you can complete a “*Shaw Assist Form*”. Complete the “*Shaw Assist Form*” form and submit it to Shaw American via Fax: (888) 329-7429 or email shawassist@shawamerican.com!

Requirements to qualify for the Shaw Assist Form Process:

- Applicant must call Shaw American to complete the application on the date and time specified on the *Shaw Assist Form*. If the client does not call us to complete the application we will close the file and return the *Shaw Assist Form* to the agent.
- Applicant must have a computer and email and have access to the computer and email during the interview.
- *Shaw Assist Form* is only available for Term Insurance at this time and must be filled out completely prior to submitting it to Shaw American.
- *Shaw Assist Form* is only available for the following carriers: AXA, Banner, Genworth, ING, John Hancock, Lincoln Benefit, Lincoln Financial, MetLife, Nationwide, Principal, Protective, Prudential, Transamerica and United of Omaha.
- The applicant will be asked for their social security number, income, assets and net-worth during the call please prepare them for these questions to be asked.
- Once the application is completed the agent of record will be required to electronically sign the application as well.
- **DO NOT** order exams if using the *Shaw Assist Form*- Shaw American will order all necessary exam requirements after the application is completed.
- **For all Shaw Assist applications the application has to be done in the state the client resides in.**

The client should contact Shaw American at (800) 626-5888 Opt. 5 to complete the application after the *Shaw Assist Form* has been submitted.