PELORUS FINANCIAL GROUP

LifeLine (Term Insurance Only)

APPLICANT INFORMATION

First Name:	Middle:	Last Name:
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Male ☐ Female ☐	Driver's License #	E-mail:
Ever Used Tobacco? Yes ☐ No ☐	If Yes, Date last used:	Type of Tobacco:
Current employer:		
Insured's State of Birth:		Best Phone Number:

PROPOSED POLICY INFORMATION

Carrier:	
Plan Name:	Face Amount:
Mode of Payment: ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly	Premium:
Rate Class Quoted:	
Purpose of Insurance:	

BENEFICIARY INFORMATION

First Name:	Middle:	Last Name:
SSN or Tax ID:	Relationship:	D.O.B.:

OWNERSHIP INFORMATION (IF DIFFERENT)

First Name:	Middle:	Last Name:
SSN or Tax ID:	Relationship:	D.O.B.:

FINANCIAL INFORMATION

Income:	Assets:	Liabilities:
Net Worth:	Bankruptcy: Yes ☐ No ☐	If yes, discharged?

EXISTING COVERAGE

Carrier Name	**Face Amount**	**Replacement?**	**Year Issued**
		Yes ☐ No ☐	
		Yes ☐ No ☐	
		Yes ☐ No ☐	

PRODUCER INFORMATION

First Name:	Last Name:
Phone:	Email:

Please email completed form to lifeline@pelorusfg.com or fax to (760) 230-5791