



Life Insurance Request Form

1. Insured's Full Name: _____ Insured's DOB: _____
2. Insured's Full Resident Address: _____
3. Insured's Full Mailing Address (if different from resident address): _____
4. Insured's SSN*: DO NOT FILL IN HERE – Call us with this info
(in order to adhere to HIPAA laws please call us with this info after sending us this form)
5. Insured's Primary Phone Number: _____
6. Insured's Driver's License Number and State: _____
7. Insured's Employment Information:
 - a. Employer Name: _____
 - b. Employer Address: _____
 - c. Job Title: _____
8. Primary Beneficiary Information – (Primary Beneficiary is the person who would get the insured's life insurance money should the insured pass away) If there is more than one person that you'd like to list as the Primary Beneficiary please call us with the additional person or people's names.
 - a. Name: _____
 - b. DOB: _____
 - c. SSN: DO NOT FILL IN HERE – Call us with this info
 - d. Relationship to Insured: _____
9. Secondary Beneficiary Information (Secondary Beneficiary is the person who is second in line to receive the insured's life insurance money in case the primary beneficiary is also deceased.)
 - a. Name: _____
 - b. DOB: _____
 - c. SSN: DO NOT FILL IN HERE – Call us with this info
 - d. Relationship to Insured: _____

Arc Light Insurance Services, Inc.

Lic. # 0I29653

Phone: 310-550-6862

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- 10. Insured’s Annual Income:
- 11. Insured’s Total Household Income:
- 12. Insured’s Primary Physician Information:
 - a. Name: (Name and Address)
 - b. Address:
- 13. Has Insured had a DUI in the past 10 years?
- 14. Insured’s Health Insurance Carrier Name: (Ex. Anthem)
- 15. What death benefit is the insured requesting for this policy?

Any additional Information you’d like to provide:

Send billing information to:

Name:

Email:

Phone Number:

By submitting this request, you are authorizing Arclight Insurance to search for and obtain a life insurance policy on behalf of the insured listed above. With this completed request it is agreed that the requesting party will be charged an annual fee of \$500. (if the total yearly premium is higher than \$500 then an additional fee will be assessed to cover the yearly premium) If this request is subsequently cancelled on the same day as it is sent to us there will be not be any fees that are due. However, if this request is ever cancelled, from the following day or later, But BEFORE the application is sent in, then a search fee of \$200 will still be due. If a cancellation request is received after the application is submitted, all fees for services provided by Arclight Insurance will still be due. By signing this form, you agree to the above fees.

Name: (please print)

Signature

Date

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