



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: _____
Expiration Date: _____
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. # 0129653 Phone: 310-550-6862 Fax:310-550-6863

submissions@arclightinsurance.com www.arclightinsurance.com

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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?
- 16. Will Intended Parents be added to the policy as beneficiaries?

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 \$350. This fee is payable to ArcLight by Client for the services of ArcLight and is non-refundable in all cases. Client also acknowledges that ArcLight will invoice client for the annual cost of the Life Insurance Policy once the annual cost of the policy is determined. **Please email completed forms to submissions@arclightinsurance.com.**

Name: (please print)

Signature

Date

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