ArcLight Insurance

Surrogate Life Insurance Search and Placement

Insured's Information

Insured's Full Name

First | Middle | Last

Insured's Date of Birth

Insured's Address

Street Address

Address Line 2

City | State

ZIP Code

Insured's Phone Number

Insured's Email

Insured's SSN

www.arclightinsurance.com | *submissions@arclightinsurance.com*
Lic. #0129653 | *Phone: (310)550-6862* | *Fax: (310)550-6863*

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Insured's Employment Information

Employer Name

Employer Address

Street Address

Address Line 2

City

State

ZIP Code

Job Title

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Primary Beneficiary Information

Primary Beneficiary is the person who would receive 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.

Primary Beneficiary Name

First

Last

Primary Beneficiary Date of Birth

Primary Beneficiary SSN

Primary Beneficiary Relationship to Insured

Secondary Beneficiary Information

The 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.

Secondary Beneficiary Name

First

Last

Secondary Beneficiary Date of Birth

Secondary Beneficiary SSN

Secondary Beneficiary Relationship to Insured

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Insured's Additional Information

Insured's Annual Income

Insured's Total Household Income

Insured's Primary Physician Information

Primary Physician Name

First

Last

Primary Physician Address

Street Address

Address Line 2

City

State

ZIP Code

Has Insured had a DUI in the past 10 years?

Yes

No

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Insured's Additional Information (continued)

Insured's Health Insurance Carrier Name

What death benefit is the insured requesting for this policy?

Will Intended Parents be added to the policy as beneficiaries?

◯ Yes ◯ No

Any additional information you'd like to provide:

Send billing information to:

Name

First

Last

Email

Phone Number

Agency Name (if applicable)

ArcLight Insurance

Surrogate Life Insurance Search and Placement

Please review the following terms of agreement:

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 $365. 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.

Name

First

Last

Date

Signature

Additional comments or instructions:

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