INFORMAL INQUIRY

IP BROKERAGE
1717 ARCH ST · SUITE 3940 · PHILADELPHIA, PA 19103

Personal Information (this section must be completed)

Name		Gender M / F
Date of Birth	SSN	US Citizen Y / N
Address		Foreign National Y / N
Occupation	Income Net Worth	Visa Type

Requested Coverage (this section must be completed)

Face Amount	Type of Coverage? TERM / UL / SUL / WL	1035 Exchange? Y / N
Premium Financing? Y / N	If term, level period desired?	Amount?
Desired Rate Class:	Maximum Premium Tolerance?	
Where else has the case been shopped? Outcome?		
Are there any carriers to avoid?		

General Medical Information (this section must be completed)

Height Weight Has weight changed by more than 10 lbs in last 12 months? Y / N Reason?
Have you ever used tobacco in ANY form (cigarettes, chew, pipe, cigars, nicotine gum or patch)? Y / N If YES, type and date of last use?
Name and Address of Primary Care Physician Date and Reason for Last Visit
Name and Address of Other Physician(s) Consulted Date and Reason for Last Visit
Current Medications (Rx and OTC)
Have any immediate family members (parents, siblings) been diagnosed or died from heart disease, cancer, or diabetes? Y / N If YES, please provide details:

Alcohol and Drug History ☐ (check here if not applicable)

Have you ever been convicted of driving under the influence? Y / N
If yes, when was conviction? Has license been reinstated?
Have you ever consulted a doctor or received treatment for alcohol use? Y / N
If yes, date of treatment?
Date of last drink?
Have you ever consulted a doctor or received treatment for drug use? Y / N
If yes, type and frequency of drugs used?
If yes, date of treatment?

Avocation History ☐ (check here if not applicable)

Are You a Private Pilot? Y / N	Do you participate in any other hazardous activities? If yes, provide details.
Type of Aircraft?	Scuba Diving Y / N
Total Hours Flown?	Mountain Climbing Y / N
Hours Flown Last 12 Month?	Bungee Jumping Y / N
Hours Flown Next 12 Month?	Hang Gliding Y / N
IFR Rating? Y / N	Auto/Motorcycle Racing Y / N
Any citations or restrictions? Y / N	Sky Diving Y / N
If yes, details?	Other

Cancer History ☐ (check here if not applicable)

Type of Cancer	Date of Diagnosis? Date of Last Treatment?
Stage and Grade?	How was it treated?
If Prostate, Gleason Score?	

Diabetes History ☐ (check here if not applicable)

Date of Diagnosis?	Treatment?
Date and result of most recent A1C test?	
Do you regularly test your blood glucose? Y / N Typical readings?	
Have you been diagnosed with having protein and/or microalbumin in your urine? Y / N Readings?	
Have you had any of the following complications? Retinopathy / Kidney Problems / Neuropathy / Neuralgia / Hypertension	

Heart Disease History ☐ (check here if not applicable)

Date of Diagnosis?	Type of Heart Disease?
Dates and Details of Treatment and/or Surgery?	
Date of Last Stress EKG?	Dates and Types of Other Cardiac Tests?

Other Pertinent Medical History ☐ (check here if not applicable)

Do you have any other medical history? Y / N (i.e. autoimmune disorders, depression, epilepsy, stroke, sleep apnea, etc).
If yes, provide details regarding diagnosis, treatment, etc.

Other Requests/Additional Comments

Producer Information (this section must be completed)

Name	
SSN	Email Address
Phone Number	Business Address
Fax Number	

IMPORTANT: Please note this process is to be used to gather specific information on a proposed insured's medical history and other factors that may impact the underwriting process. This is not an application for insurance and in no way guarantees a specific underwriting class or binds any insurance coverage with any insurance carrier. Any final offer of insurance may differ from any tentative offers received. Minimum face amount and premium amounts apply. Please contact our office for details.

IP Brokerage Use Only

Carriers Submitted/Tentative Offer:	Formal App Received:

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HIPAA Authorization for Use and Disclosure of Protected Health Information (PHI)

Proposed Insured: _____ **Date of Birth _____**

The undersigned insured(s) (hereafter referred to as "I", "me" or "my"), authorizes the use and disclosure of my personal health and medical information protected by state and federal law including the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as follows:

Description and Purpose of Disclosure: This authorization shall apply to any and all of my personal health and medical information, including medical records in their entirety which may contain mental health records (excluding psychotherapy notes, as defined by HIPAA) and restricted records, life expectancy reports, prescription drug records, HIV-related information, use of alcohol or controlled or prohibited substances, and employment records, whether or not personally or individually identifiable (collectively referred to as my "PHI"). This authorization and all uses and disclosures of my PHI made under this authorization are for the purposes of allowing IP Brokerage and any affiliated companies (hereinafter collectively "IPB") and any Authorized Recipient to: (1) determine my eligibility for Insurance Products and Services; (2) market Insurance Products and Services to me; and/or (3) underwrite my health and/or life expectancy in connection with Insurance Products and Services.

Classes of Persons Authorized to Disclose My PHI: I authorize any health care provider, including any doctor, hospital or medically-related facility, nurse, pharmacy, physician, practitioner, or practitioner practice group (each an "Authorized HCP"), and any insurance company, HMO/PPO or similar organization, employer or, except as may be limited by state law, any other organization, institution or person that has my PHI to disclose to IPB or any Authorized Recipient, any records or information as provided under this authorization.

Classes of Persons Authorized to Receive My PHI: PHI received by IPB may be disclosed under this authorization to any affiliates, subsidiaries, corporate parents, agents, independent contractors, insurance carriers, authorized representatives, premium finance entities, settlement providers, policy buyers or potential policy buyers, life expectancy underwriters and the officers, directors, employees, agents, and other representatives of each and to any other person or entity for the purposes herein described (each an "Authorized Recipient").

Further Disclosure Authorization: I authorize each Authorized Recipient to further disclose my PHI as necessary to carry out the purposes under this authorization. I understand and acknowledge that PHI that is redisclosed by the Authorized Recipient may no longer be protected by law. I further acknowledge that some state and federal laws prohibit the further disclosure of information regarding the diagnosis, prognosis and treatment of drug or alcohol abuse, communicable diseases or infection including sexually-transmitted diseases or HIV without specific written consent. I hereby authorize IPB and each Authorized Recipient to further disclose the foregoing information to the extent such disclosure is necessary in order to carry out the purposes under this authorization.

Expiration of Authorization: This authorization shall remain valid for 12 months years after the date signed below.

Right to Revoke: I understand that I may revoke this authorization at any time by sending a written request for revocation to IPB or to any Authorized HCP at such address designated to me. Any revocation of this authorization shall not apply to the extent that any person has taken action in reliance upon this authorization prior to receiving written notice of my revocation.

I understand that this authorization is a requirement for the underwriting, sale or settling of Insurance Products and Services and IPB may condition enrollment, eligibility, benefits, sale or settling of Insurance Products and Services on whether I sign this authorization. I also understand that since purchasing or settling Insurance Products and Services is not covered under HIPAA, this requirement does not prohibit this authorization from being used for multiple purposes, as described above. (Note to health care providers: life insurance, disability insurance and any other type of insurance to which this authorization would apply does not constitute a "health plan" under the HIPAA Privacy Rule. Accordingly, this authorization complies with the provisions of the HIPAA Privacy Rule governing authorizations (45 C.F.R. Sec. 164.508)).

A copy or facsimile of this authorization shall be as valid as the original. This authorization may be executed in any number of counterparts, each of which shall be deemed to be an original and all of which counterparts, taken together, shall constitute but one and the same instrument. I certify that I am executing and delivering this authorization freely and voluntarily as of the date written below. I further certify that I have received and retained a copy of this signed authorization for future reference.

_____ _____

Signature of Proposed Insured Date

IP BROKERAGE
1717 ARCH ST · SUITE 3940 · PHILADELPHIA, PA 19103

Authorization for Use and Disclosure of Nonpublic Personal Information (NPI)

Proposed Insured: _____ **Date of Birth** _____

I, the Policy Owner/Proposed Policy Owner, authorize IP Brokerage, or any affiliated company (hereinafter collectively "IPB") to use and disclose any and all Nonpublic Personal Information (NPI) about me to any Authorized Recipient, as such terms are defined below. This authorization and all uses and disclosures of my NPI made under this authorization are for the purposes of allowing IPB and any Authorized Recipient to: (1) determine my eligibility for Insurance Products and Services, as defined below; (2) market Insurance Products and Services to me; and/or (3) underwrite my health and/or life expectancy in connection with Insurance Products and Services.

I, the Insured/Proposed Insured (if different than the Policy Owner/Proposed Policy Owner), authorize IP Brokerage, or any affiliated company (hereinafter collectively "IPB") to use and disclose any and all Nonpublic Personal Information (NPI) about me to any Authorized Recipient (as such terms are defined below). This authorization and all uses and disclosures of my NPI made under this authorization are for the purposes of allowing IPB and any Authorized Recipient to: (1) determine my eligibility for Insurance Products and Services, as defined below; (2) market Insurance Products and Services to me; and/or (3) underwrite my health and/or life expectancy in connection with Insurance Products and Services.

"Nonpublic Personal Information" means information, including, without limitation, nonpublic personal, financial, health and medical information about the Policy Owner and Insured (if different than the Policy Owner) and the Policy Owner/Insured's identity as an owner/insured under a Life Insurance Policy that is obtained, whether from the Policy Owner/Insured, any of the Policy Owner's/Insured's agents or representatives, any insurance company, health care or medical provider, professional or facility or any other source.

"Authorized Recipient" includes any affiliates, subsidiaries, corporate parents, agents, independent contractors, insurance carriers, authorized representatives, premium finance entities, settlement providers, policy buyers or potential policy buyers, life expectancy underwriters and the officers, directors, employees, agents, and other representatives of each and to any other person or entity for the purposes herein described.

"Insurance Products and Services" means, for example, life insurance, disability insurance, life settlements (the selling of a policy in the secondary market), as well as premium financing and other similar types of products and services. Insurance Products and Services do not include long term care or other types of health insurance.

The Policy Owner and Insured/Proposed Policy Owner and Insured (if different than the Policy Owner) each agree and consent that this authorization shall be effective from the date hereof until the earlier of (a) the date that is two (2) years after the date hereof, or (b) an earlier date as may be required by applicable law or regulation. The Policy Owner and Insured/Proposed Policy Owner and Insured (if different than the Policy Owner) have the right to revoke this authorization, at any time, by providing written notification to IPB.

A copy or facsimile of this authorization shall be as valid as the original. This authorization may be executed in any number of counterparts, each of which shall be deemed to be an original and all of which counterparts, taken together, shall constitute but one and the same instrument. The Policy Owner and Insured/Proposed Policy Owner and Insured (if different than the Policy Owner) each certify that he or she is executing and delivering this authorization freely and voluntarily as of the date written below. The Policy Owner and Insured/Proposed Policy Owner and Insured (if different than the Policy Owner) further certify that the authorization is written in plain language and acknowledge that each has received and retained a copy of this signed authorization for future reference.

_____ _____

Signature of Proposed Insured Date

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Authorized Recipients of PHI and NPI

Proposed Insured: _____ **Date of Birth** _____

Insurance Companies

Accordia Life and Annuity Company
American General Life
American General Life Ins. Co. of Delaware
American National Insurance Company
American National Life Insurance Company of NY
Ameritas Life Insurance Corp.
Ameritas Life Insurance Corp. of NY
Assurity Life Insurance Company
Athene Annuity & Life Assurance Company
Aviva Life and Annuity Company
Aviva Life and Annuity Company of New York
AXA Equitable Life Insurance Company
Banner Life Insurance Company
Companion Life Insurance Company
EquiTrust Life Insurance Company
Fidelity Security Life Ins. Co.
First MetLife Investors Insurance Company
First Symetra National Life Insurance Company of NY
Forethought Life Insurance Company
Genworth Life and Annuity Insurance Company
Genworth Life Insurance Company
Genworth Life Insurance Company of NY
Global Atlantic Financial Group
Guardian Life Insurance Company
Integrity Life Insurance Company
John Hancock Life & Health Insurance Company
John Hancock Life Insurance Company (USA)
John Hancock Life Insurance Company of NY
Legal and General American
Lincoln National Life Insurance Company
Lincoln Life Insurance & Annuity Co. of NY
Lloyd's of London
Mass Mutual
MetLife Investors USA
Metropolitan Life Insurance Company
Minnesota Life Insurance Company
Mutual of Omaha
National Integrity Life
National Life Insurance Company
North American Co. for Life & Health
Petersen International Underwriters
Principal Life Insurance Company
Protective Life Insurance Company
Protective Life & Annuity Insurance Company
Prudential Life Insurance Company
ReliaStar Life Insurance Company (ING)
ReliaStar Life Insurance Company of NY (ING)
Security Life of Denver
Symetra Life Insurance Company
The Standard
Transamerica Financial Life Insurance Company
Transamerica Life Insurance Company
United of Omaha Life Insurance Company
United States Life Insurance Company of NY
VOYA Financial
Western National Life
Western-Southern Life Assurance Company
William Penn Life Insurance Company of NY

Life Expectancy Underwriters

21st Services
American Viatical Services, LLC (AVS)
Asset Life Settlements, LLC
Examination Management Services, Inc. (EMSI)