NEW APPLICATION FORM

- Each application must have its own completed form.
- MUST attach copy of quote
- MUST attach application
- Add opportunity and leave open—lhplacement handles these when the policy is issued on their end.
- Email those 3 items to: lifeapp@tricorinsurance.com
- **Subject Line of email should read: (Company Name, Policy Type, Client Name)**

Client Name:		Conglomerate to:	
Policy Type-choose one:	TLIF WLIF ULIF		
Requested Effective Date:			
Issuing Company:			
Premium Payable Company: (Broker)			

Quoted premium and payment mode chosen:	**Circle Mode:** Monthly Quarterly Semi-A Annually	Premium Amount **at chosen payment mode**: $			
PR/BR Screens: Agent 0: (Referring Agent if Split)		Commission %		Production Credit %:	
		Sales Goal? **Y/N**		Life & Health Licensed? **Y/N**	
PR/BR Screens: Agent 1: (Writing Agent If Split)		Commission %		Production Credit %:	
		Sales Goal? **Y/N**		Life & Health Licensed? **Y/N**	

Insured(s): List Primary 1st	
Plan Name:	
Details: (Death bene, term, riders)	
Is this replacing a current policy in Epic?	
Policy # and company it is replacing:	
How is prior policy being canceled?:	
Quote Attached?	
Application Attached?	