

UNDERWRITING PROSPECT FORM

This is a request by the agent for an underwriting opinion only. It is not an application for insurance. This form must be completed in full. A separate form must be completed for the primary and each dependent. All responses will be sent to the agent.

NAME _____ **SSN** _____

STATE _____

Primary ___ Dependent ___ D.O.B. _____ Age ___ Sex ___ Height ___ ft ___ in Weight ___ lbs Smoker ___
 If under 16, parent or legal guardian's name _____ Parent/Guardian SSN _____

PLAN CHOICE/DEDUCTIBLE _____

NAME OF PRESENT INSURER _____

AMERICAN COMMUNITY POLICY # (active or inactive) _____

MEDICAL HISTORY (list *complete* medical history. Attach other forms as necessary.)

Medical problem/condition _____	Date Began _____
Treatments and tests performed _____	
Date of Last Treatment _____	Results _____
Medication Taken _____	Current medications _____

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Additional information _____

DATE _____ **AGENT'S NAME** _____ **AGENT'S PHONE #** _____

AGENT'S FAX # or ADDRESS _____

**TO RECEIVE A RESPONSE WITHIN ONE BUSINESS DAY,
 FAX THIS FORM TO 734-853-3117**

THIS UNDERWRITING OPINION **IS NOT** BINDING IN ANY WAY. IT IS BASED ON THE INFORMATION PROVIDED. THE OPINION MAY CHANGE. INFORMATION WILL BE COMPARED TO ANY SUBMITTED APPLICATION. THIS FORM MUST BE ATTACHED TO ANY SUBSEQUENT APPLICATION BEFORE SUBMISSION. AMERICAN COMMUNITY RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION OR UNDERWRITING REQUIREMENTS.

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=====DO NOT WRITE BELOW THIS LINE=====

Underwriting comments & opinion:

Underwriter signature: _____ Date: _____ Date transmitted: _____