



LIFE INSURANCE ASSESSMENTSM CHECKLIST & COVER PAGE

Agent _____

Client Name(s) _____

1. Company/Policy Number _____

 Face Amount _____

 Policy Owner _____

 Policy Goal _____

2. Company/Policy Number _____

 Face Amount _____

 Policy Owner _____

 Policy Goal _____

3. Company/Policy Number _____

 Face Amount _____

 Policy Owner _____

 Policy Goal _____

___ In-force Illustrations or Authorization(s) to Obtain Policy Information

___ Preliminary Inquiry Form(s)

___ Brokerage Professionals, Inc. Authorization Form(s)

Additional Comments: