

# FACT FINDER

## Performance Evaluation for Life Insurance Policy

### Section A: Insureds

#### Insured 1

Full Name \_\_\_\_\_  
 Gender (m/f) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Office Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_

#### Insured 2

Full Name \_\_\_\_\_  
 Gender (m/f) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Office Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_

### Section B: Life Insurance Portfolio

*Purpose is defined as personal/business, estate planning, survivor income, buy-sell, or keyman.*

Insured 1							
Purpose	Insurance Company	Policy Number	Policy Date	Product	Cash Value	Death Benefit	Premium

Insured 2							
Purpose	Insurance Company	Policy Number	Policy Date	Product	Cash Value	Death Benefit	Premium

### Section C: Policy Objectives

*Using the policies from above, please indicate the objective of each policy.*

Insured 1					
Insurance Company	Policy Number	Personal/Business	Cash Value Accumulation or Guarantees?	Premium Duration	How Long Should the Policy Last?

Additional Details: \_\_\_\_\_  
 \_\_\_\_\_

### Section C: Policy Objectives (continued)

Using the policies from above, please indicate the objective of each policy.

Insured 2					
Insurance Company	Policy Number	Personal/Business	Cash Value Accumulation or Guarantees?	Premium Duration	How Long Should the Policy Last?

Additional Details: \_\_\_\_\_  
\_\_\_\_\_

### Section D: Carrier Ratings

Based on the insurance carrier ratings, specify your preference on the comdex rating of an insurance carrier.

- \_\_\_\_\_ 90 Comdex & Above
- \_\_\_\_\_ 80 Comdex & Above
- \_\_\_\_\_ 70 Comdex & Above
- \_\_\_\_\_ 60 Comdex & Above

The Comdex is the average percentile for company ratings.

## Authorization - Receipt of Life Insurance Policies

Thank you for allowing us to access to your current life insurance policies. Please be assured we will keep your documents and the information they contain confidential and safe. \_\_\_\_\_ (Representative) acknowledges receipt of the following life insurance policies to be utilized for review purposes only.

Insured	Insurance Carrier	Policy Number	Policyowner

All information above will be held in confidence. The policy data collected may be reviewed and assessed by qualified personnel consisting of medical, underwriting, and actuarial resources or other related employees involved in the submission, receipt or evaluation of insurance applications or prospective applications of \_\_\_\_\_ (Representative), affiliated insurance companies and their reinsurers.

We will return your contracts and any supporting information promptly upon the completion of the Performance Evaluation process.

\_\_\_\_\_  
Insured 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Policyowner (if other than Insured)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insured 2 (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Policyowner (if other than Insured)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative

\_\_\_\_\_  
Date