

Writing Agent Statement for Routine Contestable Claim Investigation



Policy Number:	Insured's Name:
Writing Agent:	Agent Code:

Please fully answer the questions listed below. If you need additional space for further explanation, attach another sheet marked "Attachment." Please check the box if you have attached another sheet marked "Attachment."

1. How did you meet the insured?	
2. How long have you known the insured?	
3. How well did you know the insured?	
4. What is the purpose for this life insurance policy?	
5. Where was the application form completed?	
6. Who was present at the time the application form was completed?	
7. Who was asked the application form questions?	
8. Were all of the application form questions asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain.
9. Were all of the application form health questions asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain.
10. Is English the insured's first language? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what is the insured's first language?
Was an interpreter present to translate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, who translated?
11. Were all of the answers given stated on the application form complete and accurate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain.
12. Who signed the application form?	
13. Did you personally witness the signing of the application form? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain.
14. When was the life insurance policy delivered?	
15. To who was the life insurance policy delivered?	
16. Were you aware of any medical history or medical issues for the insured at or prior to the time the application form was completed that was not stated on the application form? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	
17. Were you aware or did you become aware of any medical history, medical issues, or change in health of the insured between the timeframe of the completion of the application form and the delivery of the life insurance policy (in the case of reinstatement – prior to reinstatement approval and effective date) that was not stated on the application form or subsequently disclosed to the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	
18. When the life insurance policy was delivered, did you notice any change of health or any change of appearance possibly related to a change in health of the insured? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	

19. Additional Question:

20. Additional Question:

21. Additional Question:

Signature of Agent:	Date (mm/dd/yyyy):
Print Agent's Full Name:	