

**Welcome to American General Life Companies Image Only Processing!**

Thank you for your interest in the Image Only eSubmission process. American General Life Companies (AG) and ExamOne have collaborated to bring you this process, reducing your application lifecycle and streamlining your office operations.

Your eSubmissions Project Manager has already given you a high-level overview of the process, and this packet serves as a training guide and on-going reference guide for electronically submitting applications to American General Life Companies.

As you go through this packet, you will likely have questions. Please discuss these questions with your eSubmissions Project Manager or email [esubmission.requests@aglife.com](mailto:esubmission.requests@aglife.com)

**Thank you again for your interest,**

**eSubmissions Team  
American General Life Companies**

## Image Only Processing Instructions

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## Image Only Processing Instructions

### Installation process

During the installation process, you will be working closely with your eSubmissions Project Manager and ExamOne. The following is a high-level overview of the process:

#### Initiation

- An eSubmissions project manager, ExamOne and your agency will complete a walk-through of this packet via conference call. At that time, any required software upgrades or modifications will be determined.
- If software modifications or installs are required, ExamOne will work directly with your technical staff.
- Once your software is ready, testing can begin.

#### Testing

- AG and ExamOne require your agency send test cases until production ready status is verified (a minimum of two cases is required). Test packages should contain four to six *separate* images and should follow all of the rules listed below. AG will provide test policy numbers in a separate communication. Test images are for testing purposes only and cannot be moved from our test environment into production.
- ExamOne and AG will review the cases for issues and will communicate any issues and their resolutions to your agency.
- Once two test cases have been approved by ExamOne and AG, your agency will be ready for implementation.

#### Implementation

- Your eSubmissions Project Manager will contact your agency to provide policy stickers.
- Upon receipt of policy stickers and verification from your eSubmissions Project Manager that your agency has been moved into production, you can start submitting production cases to American General.
- When sending your first production case, send an email to ExamOne and your eSubmissions Project manager, so the case can be monitored for correct and timely processing.

## Image Only Processing Instructions

### Case Imaging Requirements

1. Product type selection is required for all imaging software as it controls how the case will be directed through our image and workflow system. If using Ascent Capture, ExamOne will set up your Ascent Capture batch class to include a drop-down list of product types. The default control value is TERM. If you are sending a Universal Life (UL), Variable Universal Life (VUL), Health (HEALTH), Deferred Annuity (ANNDEF), Equity Indexed Annuity (ANNEQ), Immediate Annuity (ANNIMM), Impaired Risk Quote (ANNUWQ), or Quote (QUOTE) case, please make the appropriate selection from the list.
2. If you are submitting a fully underwritten Health product, select a business area of "HEALTH" and the business type of "HTHMED".
3. If you are submitting a Concierge case, select CONCRG from the business type drop-down. Do not select the CONCRG indicator for non-concierge business.  
Concierge Cases include:
  - Formals: Face amounts of \$10 million or greater or recurring annual premium of \$50,000 or more
  - Quotes: Face amounts of \$10 million or greater for clients age 0-70 and face amounts of \$3 million or greater for clients 71+
4. A unique case number is required. If your office does not use a unique case number, use the Policy Number in this field.
5. Do not use prefixes, suffixes, or middle initials/names in the First or Last Name fields.
6. Index second-to-die cases with Primary Insured index information as recorded on the section 1 of the Part A application.

### Application Processing

7. Follow-up documents or delivery requirements may be transmitted electronically even if the application was originally sent to us via a non-electronic method. Please be sure to enter the case with the original case policy number to ensure expedited matching to the case when received.

### Image Only Processing Instructions

8. The following information is required for formal life or health insurance case submission to American General (For annuity case submission requirements, please contact AG Annuity operations):
- Completed & signed Part A
  - Completed & signed paramedical exam
  - Completed & signed lab slip
  - Completed and signed State specific forms

The following forms are recommended even though underwriting can still proceed.

- Summary of premium provision (disclosure) – can get on delivery
- Signed bank authorization and voided check – can get on delivery

9. A list of the American General standard document types for this process will be provided. Please note each image must be individually labeled using bar code separator pages or the technique provided by your imaging software. Both the required NAILBA standard and the optional use American General Life Companies-specific document type bar codes can be downloaded at <http://www.gointellisys.com/support>.
10. If labeling multiple documents the same document type, each must be labeled separately and sent as a distinct image.
11. Transmittal Sheet - American General requires a transmittal sheet labeled CORRESP. If you are using an agency management system, it may automatically generate a transmittal. If necessary, contact your agency management system vendor to implement this transmittal. The preferred transmittal sheet is available on the Forms Depot website (AGLC101863 ).
12. Part A - If using American General - specific document types, label the Part A Term Application (AGLC100240) with the SHORTAPP label. The Part A Life Insurance application (AGLC100565) should be labeled APPI. If using the NAILBA standard document types, label both the Term and Life Insurance applications APPI.
13. Bank Draft Authorization – If a completed Bank Draft Authorization is included in your application packet, remove it from the Part A, use the MONEYDOC label, and independently submit it. Include the voided check in the same MONEYDOC image.

#### Policy Sticker Use

14. Prior to implementation, policy number stickers will be provided for use with electronically transmitted American General applications. Do not use these policy numbers for applications sent in via any other method; it may cause a processing delay. Please dispose of unused duplicate policy stickers.

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15. Affix a policy number sticker to the upper right-hand corner of the first page of Part A. Term products have two stickers provided. Other products only provide one sticker. Use the additional term sticker if a check is received for the initial payment from the applicant. If a check is received on non-term products, write the policy number on the check before mailing.
16. American General will provide multiple sets of policy numbers stickers to support any product your agency sells. The included *Policy Number Schemes* document assists in product type designation. Product type must match policy number sticker series for fast, accurate processing.
17. Use the *Request for Policy Numbers* form to order additional policy number stickers or to restock existing stickers. Fax requests to the number indicated on the form. Order processing time is approximately five business days.

### Transmitting Documents

18. When transmitting follow-up documents or delivery requirements on a case which has an assigned policy number, please indicate that number on the follow-up documents and transmittal pages. You may electronically transmit follow-up documents or delivery requirements regardless of the original submission method.
19. When transmitting alternates or additional (one set of paperwork for two face amounts or two products), copy all paper work before assigning policy numbers. Submit each set of paperwork under the separate policy number, and note on transmittal coversheets both policy numbers.
20. Original documents should not be mailed to American General with the exception of CWA checks and 1035 exchange paperwork. For these two items, an electronically transmitted copy should be sent with the original transmission prior to mailing originals.
  - CWA checks – Write policy number(s) on check and attach a check log explaining how monies should be applied. A sample can be provided if desired. If the applicant has submitted a paper check, please scan a photocopy of the check marked COPY, and label it MONEYDOC.
  - 1035 exchange – Write policy number on document and send to American General Life Companies Attn: Replacement Processing Team for Life cases. For Annuity cases, send to American General Life Companies Attn: Annuity Service Center.

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The IMO/Agency must keep all other original documents in a secure environment for a period of time appropriate for reasonable file maintenance, in compliance with prevailing privacy standards. At the end of that period the documents should be properly disposed.

Required original documents should be mailed to the appropriate location per instructions on our website or on the tip sheet available with the application on Fast Forms.

Quote Processing - -Not Life Formals, Annuity Applications or Annuity Impaired Risk Quotes  
Quote processing follows the formal application instructions outlined above, except where noted below:

21. Be sure to select the QUOTE value in the business area field when indexing.
22. Describe the quote request on the transmittal form including the face amount quoted, plan name and policy number.
23. Ensure the client signs a valid authorization prior to submitting.
24. If requesting multiple face amounts, please enter highest face amount requested.
25. To transfer a quote into a formal application, assign a new policy number to the formal paperwork, note quote policy number on transmittal sheet and image via your normal process. If quote policy number is listed on transmittal sheet, re-imaging of previously submitted documents is not required.

### Annuity Processing

Annuity processing follows the above instructions outlined for formal applications, except where noted below:

26. To transfer an Impaired Risk Quote to an Immediate Annuity, complete a new SPIA application and all required paperwork, assign a SPIA policy number, and submit under ANNIMM in the business area field.
27. A valid authorization form must be submitted with all Annuity applications.
28. For Impaired Risk Quotes, all required medical records must be provided at time of initial submission.

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#### United States Life Processing

United States Life (USL) processing follows the above instructions outlined for formal applications, except where noted below:

29. Blank spaces found on the USL policy stickers are used to denote personal or non-personal production. Using a fine-tipped permanent marker, hand-write an N or P in the blank space of the policy number according to the guidelines below - Not applicable to annuities:
  - Regulation 4228 dictates the maximum amount of compensation a New York company can pay to a general agency. The formula is based on personal and non-personal production. It is the responsibility of the party assigning policy number to identify Personal and Non-personal Business.
  - Personal production is any application that was written by the principal of the General Agency. Denote this by placing a 'P' on any sticker for an applicable product and application that has a blank within it.
  - Non-Personal Production is any application that was written by a producer that is not a principal of the General Agency. Denote this by placing an 'N' on any sticker for an application for an applicable product that has a blank within it.
  
30. All form replacement documentation (Definition of Replacement, notice to Existing Insurer, Disclosure Form, Important Notice, and Exemption) should be labeled REG60 if using American General Life Companies-specific document types. If using the NAILBA standard document types, label the documents NBFORM.

American General Life Companies, [www.aglife.com](http://www.aglife.com), is the marketing name for the insurance companies and affiliates comprising the domestic life operations of American International Group, Inc. (AIG).

**Image Only Processing Instructions**

**NAILBA STANDARD DOCUMENT TYPES**

<b>TYPE OF DOCUMENT</b>	<b>DEFINITION</b>	<b>• EXAMPLES OF INFORMATION INCLUDED</b>	<b>INCOMING DOC TYPE</b>
Application	Part I – May include an EMU (Expedite Medical Underwriting Form – used as a mini Part II)	<ul style="list-style-type: none"> <li>• Part I</li> <li>• EMU</li> <li>• Annuity Application – Deferred and SPIA</li> <li>• Annuity Rate Lock Form</li> </ul>	APPI
Application Part II	Medical Information	<ul style="list-style-type: none"> <li>• Application –Part II</li> <li>• Non-Medical</li> <li>• Paramed</li> <li>• Unsigned Telemed</li> <li>• Signed Telemed</li> <li>• Other Company Medical Form</li> </ul>	APPPII
Illustration	Proposal of plan sold and signed in states where NAIC regulations apply	<ul style="list-style-type: none"> <li>• Illustration</li> <li>• Non-illustration Forms</li> </ul>	ILLUS
Administrative Forms	Forms required by some states, as well as company required forms in order to process new business	<ul style="list-style-type: none"> <li>• Interim Conditional Receipt</li> <li>• Conditional Receipt</li> <li>• Authorization Forms</li> <li>• State Accelerated Death Benefit</li> </ul>	NBFORM

**Image Only Processing Instructions**

**NAILBA STANDARD DOCUMENT TYPES**

TYPE OF DOCUMENT	DEFINITION	. EXAMPLES OF INFORMATION INCLUDED	INCOMING DOC TYPE
Correspondence	Various documents from agent, GA, proposed insured or provider to aid in the issue of a life insurance policy	<ul style="list-style-type: none"> <li>• Initial Cover Letter/transmittal</li> <li>• Correspondence from Agent</li> <li>• Correspondence from Provider</li> <li>• Correspondence from Proposed Insured</li> <li>• Correspondence from GA</li> <li>• Trust Agreements</li> <li>• POA Documents</li> <li>• Any Attached Notes</li> <li>• EMU if received without Part I</li> <li>• Correspondence from proposed insured requesting release of medical information</li> </ul>	CORRESP
Checks/Money Sheets	Any money documents, checks, authorization for check withdrawal, and correspondence related to premium payment	<ul style="list-style-type: none"> <li>• PAC Card/Voiced Check Copy</li> <li>• PAC Correspondence</li> </ul>	MONEYDOC
Miscellaneous Subsequent Mail/Delivery Requirements	Correspondence received after policy issue	<ul style="list-style-type: none"> <li>• Delivery Requirement Cover Letter</li> <li>• Policy Delivery Acknowledgement (PDA)</li> <li>• Backdate Notice</li> <li>• Returned Original Policy</li> <li>• Good Health Statement</li> <li>• Amendment to Application</li> <li>• 1925 Policy Receipt</li> </ul>	DELIVREQ

**Image Only Processing Instructions**

**NAILBA STANDARD DOCUMENT TYPES**

TYPE OF DOCUMENT	DEFINITION	. EXAMPLES OF INFORMATION INCLUDED	INCOMING DOC TYPE
Questionnaires	Information required based upon underwriting guidelines	<ul style="list-style-type: none"> <li>• Coronary Artery Disease</li> <li>• Applicant Chest Pain</li> <li>• Seizure Disorder</li> <li>• Applicant Diabetic</li> <li>• Alcohol Abuse</li> <li>• Aviation</li> <li>• Tobacco Use Statement</li> <li>• Underwater/Sky Sports</li> <li>• Racing</li> <li>• Business Insurance</li> <li>• Foreign Resident/Travel – In states where premitted</li> <li>• Mountain/Rock/Ice Climbing</li> <li>• Resident Alien</li> <li>• Confidential Personal Financial</li> </ul>	QUEST
Financial Information	Additional financial information requested by the underwriter	<ul style="list-style-type: none"> <li>• Financial Questionnaires</li> <li>• Income Statements</li> <li>• Financial Reports – Personal and Business</li> </ul>	FINAN
1035/TAX	Correspondence related to a 1035 exchange transaction to transfer cash value from one carrier to another	<ul style="list-style-type: none"> <li>• 1035 form</li> <li>• Annuity Rate Lock Form</li> </ul>	1035

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**NAILBA STANDARD DOCUMENT TYPES**

<b>TYPE OF DOCUMENT</b>	<b>DEFINITION</b>	<b>• EXAMPLES OF INFORMATION INCLUDED</b>	<b>INCOMING DOC TYPE</b>
Supplemental Application	Supplemental Rider(s) attached to base policy	<ul style="list-style-type: none"> <li>• Child Rider</li> <li>• Aviation Supplement</li> <li>• Underwater Diving and Sky Sports Supplement</li> <li>• Motor Sports Supplement</li> <li>• Climbing Supplement</li> <li>• Foreign Residence/Travel Supplement – In states where permitted</li> <li>• Resident Alien Supplement</li> <li>• Drug Use Supplement</li> <li>• Alcohol Use Supplement</li> <li>• Financial Supplement</li> <li>• Annuity Supplemental Applications</li> <li>• Agent Report</li> <li>• Owners acknowledgement</li> </ul>	SUPPAPP
Electrocardiogram	Required at Underwriters request based upon information reflected on application	<ul style="list-style-type: none"> <li>• Tracings</li> <li>• Interpretations</li> <li>• X-ray Copies</li> <li>• X-ray Reports/Interpretations</li> </ul>	EKG
Inspection Reports	Required at Underwriters request based upon information reflected on application	<ul style="list-style-type: none"> <li>• Reports and Credit Reports</li> <li>• Business/Beneficiary Inspection Reports</li> </ul>	INSP
Lab Receipt/Urine/Blood Test	Hard copy of test results received from laboratory electronically	<ul style="list-style-type: none"> <li>• Lab receipt of Urine and Blood tests</li> </ul>	LABTICK
Attending Physicians Statement			APS

**Image Only Processing Instructions**

**AMERICAN GENERAL DOCUMENT TYPES**  
(Optional Use)

<b>TYPE OF DOCUMENT</b>	<b>DEFINITION</b>	<b>EXAMPLES OF INFORMATION INCLUDED</b>	<b>INCOMING DOC TYPE</b>
Replacement Forms	Any replacement form, including state variations	• Replacement Form	REPLF
HIV Consent Form	Any HIV Consent Form, including state variations	• HIV Consent Form	AIDSC
Disclosure	Any Disclosure Form, including state variations	• Disclosure Form	DIS
IOLI – Investor Owed Life Insurance	Agent certification form (AGLC10994) for Investor Owned Life Insurance (IOLI).	• Agent Certification Form	IOLI
HIPAA - Health Insurance Portability and Accountability Act form	HIPAA Form	• HIPAA form • Impaired Risk Quote Authorization Form	HIPAA
Checklist		• Used as a communication tool between the IMO/BGA & AG	CLAG
Term Application	Term Only Life Insurance Application, Part A	• Shorter version of the application which can be used for term insurance only	SHORTAPP
Limited Temporary Life Insurance Agreement Receipt (LITLA)	One page Limited Temporary Life Insurance Receipt that is returned to the Home Office.	• Acknowledgement that applicant understands the terms of the Limited Temporary Life Insurance Agreement	LTLIA
Child Rider Application	Separate form to be used with the Term App if Child Rider is requested.	• Child specific information for underwriting	CHRAP
Credit Card Authorization	Captures credit card information and cardholder's approval	• Credit card number and expiration date.	CCAUTH
Licensing & Contracting	Cover sheet for agent's file	• L&C Transmission Form	LCTRANSMIT

**Image Only Processing Instructions**

**AMERICAN GENERAL DOCUMENT TYPES**  
(Optional Use)

<b>TYPE OF DOCUMENT</b>	<b>DEFINITION</b>	<b>EXAMPLES OF INFORMATION INCLUDED</b>	<b>INCOMING DOC TYPE</b>
Transmission Form			
Appointment Application	Agent personal data, contract and commission levels; appropriate signatures	<ul style="list-style-type: none"> <li>American General Appointment Application</li> </ul>	CIS
Agency Agreement	Signed Contract	<ul style="list-style-type: none"> <li>Signed Agency Agreement</li> </ul>	CONTFORMS
Life Sales Agreement	Signed solicitor's agreement	<ul style="list-style-type: none"> <li>Signed Life Sales Agreement</li> </ul>	CONTFORMS
50% / 75% Annualization	Annualization agreement	<ul style="list-style-type: none"> <li>50% or 75% Annualization form</li> </ul>	ANNUALZ
Electronic Transfer form - EFT Form	Electronic funds transfer form for automatic deposit	<ul style="list-style-type: none"> <li>EFT form with voided check</li> </ul>	EFT
Assignment of Commissions	Used to assign commissions from contracted agent to another person/entity	<ul style="list-style-type: none"> <li>Assignment of Commissions form</li> </ul>	ASSIGNMENT
Address Change Form	Request to change an agent's address	<ul style="list-style-type: none"> <li>Address Change form</li> </ul>	ADDFORMS
Miscellaneous Licensing & Contracting documentation without a bar code	Items that need to be included with the agent's L&C file, but do not have a bar code on them	<ul style="list-style-type: none"> <li>Proof of E&amp;O coverage</li> <li>Resident License copy</li> <li>Nonresident license copies</li> </ul>	LCFORM

**Image Only Processing Instructions**  
**Policy Number Schemes**

Product Name	Co. Name	Scheme	Imaging System Product Type
AG Select-A-Term	AGL	YM + 8 digits	Term
AG ROP Select-A-Term			
American Elite Whole Life			
Ultra Mortgage Complete			
LTG Ultra C			
ContinUL Extend (2009)	AGL	UM + 7 digits + L	UL
Elite UL		UM + 7 digits + L	
EliteUL-G (2009)		UM + 7 digits + L	
AG Inheritance Life		UM0T+ 5 digits+ L	
Elite Global Plus	AGL	A7 + 7 digits + L	UL
Elite Global Survivor			
Elite Index			
Elite Survivor Index			
Income Advantage Select	AGL	VM + 7 digits + V	VUL
Protection Advantage Select			
Survivor Advantage			
Corporate Investor Select (AGL)			
AG AccidentCare Direct (AD&D)	AGL	YMC + 7 digits	Health
Accident Expense Plus			
CancerCare Plus			
CriticalCare Plus			
DisabilityCare			
EmergencyCare Plus (Accident)			
Secure Income Plus			

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**Policy Number Schemes**

Product Name	Co. Name	Scheme	Imaging System Product Type
American Elite Whole Life	USL	WM + 8 digits	Term
Ultra C NY			
ROPTerm NY			
Ultra Mortgage Complete NY			
ContinUL <b>Extend</b>	USL	WMU + 7 digits	UL
EliteUL		WMU + 7 digits	
AG Inheritance Life		WMUT + 6 digits	
Guaranteed Premium Whole Life	USL	UH + 7 digits + N UH+7 digits + P	Term
Single Premium Whole Life		UH + 7 digits + N UH+7 digits + P	
Unisex Whole Life		UH + 7 digits + N UH+7 digits + P	
Whole Life 3		UH + 7 digits + N UH+7 digits + P	
Elite Survivor Index	USL	A7 + 7 digits + Y	UL
Elite Index			
Elite Global Plus			
Elite Global Survivor			
Protection Advantage Select	USL	WMV + 7 digits	VUL

**Quote Schemes**

Quotes	Co. Name	Scheme	Imaging System Product Type
<b>Permanent</b> (UL, VUL, Whole Life, VMS)	N/A	UQ + 8 digits	Quote
<b>Term</b>	N/A	YQ + 8 digits	Quote

**Note:** Applications & Quotes submitted via eSubmission are designated with an "E" in a character of the policy number

**Image Only Processing Instructions**

**Annuity Policy Number Schemes**

Product Name	Co. Name	Scheme	Product Type
AG Emerging Edge	AGL	HEA + 6 digits + F	ANNEQ
AG Global Index Annuities			
AG Horizon Index			
AG Vision Advantage			
AG Vision Maximizer			
AG Global 6 Index	USL	HEA + 6 digits + U	ANNEQ
AG Global 8 Index			
AG Horizon Flex	AGL	HDA + 6 digits + F	ANNDEF
AG Horizon MYG			
AG Horizon Plus			
AG Horizon Secure			
AG Horizon Select			
AG Horizon Empire Secure	USL	HDA + 6 digits + U	ANNDEF
AG Horizon Flex			
Platinum Income Annuity	AGL	SPIA + 6 digits	ANNIMM
Platinum Income Annuity	USL	SPIA + 6 digits	ANNIMM
Impaired Risk Quotes	AGL/USL	IRQ + 7digits	ANNUWQ

**Note:** Applications and Quotes submitted via eSubmission are designated with the letter "E" as the fourth character of the policy number.

**IMAGE ONLY ELECTRONIC SUBMISSIONS  
REQUEST FOR POLICY NUMBERS**

AGENCY NAME: \_\_\_\_\_ REQUEST DATE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

(STICKERS ARE SENT VIA OVERNIGHT MAIL - AN ACTUAL STREET ADDRESS IS REQUIRED)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

AGENCY CONTACT PERSON: \_\_\_\_\_

AGENCY CONTACT TELEPHONE NUMBER: \_\_\_\_\_

**PLEASE SEND ME:**

TERM/WL – AGL (YME)	_____	rolls (250 per roll)
TERM/WL – USL (WME)	_____	rolls (500 per roll)
WL - USL (UHE)	_____	rolls (100 per roll)
UL - AGL (UME)	_____	rolls (250 per roll)
UL - USL (WMUE)	_____	rolls (500 per roll)
UL - USL (A7E_Y)	_____	rolls (100 per roll)
UL - AGL (A7E+L)	_____	rolls (250 per roll)
VUL - AGL (VME+V)	_____	rolls (500 per roll)
VUL - USL (WMVE)	_____	rolls (100 per roll)

HEALTH (YMC)	_____	rolls (100 per roll)
ANNEQ – AGL (HEAE_F)	_____	rolls (100 per roll)
ANNEQ – USL (HEAE_U)	_____	rolls (100 per roll)
ANNDEF – AGL (HDAE_F)	_____	rolls (100 per roll)
ANNDEF – USL (HDAE_U)	_____	rolls (250 per roll)
SPIA (SPIAE_)	_____	rolls (100 per roll)
IRQ (IRQE_)	_____	rolls (100 per roll)
QUOTE - PERM (UQE)	_____	rolls (500 per roll)
QUOTE - TERM (YQE)	_____	rolls (500 per roll)

**Please fax this request to 713-521-5246**

ORDER RECEIVED: _____	
POLICY NUMBERS ASSIGNED:	
TERM – AGL	_____ TO _____
TERM - USL	_____ TO _____
UL (Non-indexed)	_____ TO _____
UL (Indexed)	_____ TO _____
VUL	_____ TO _____
WL	_____ TO _____
QUOTE	_____ TO _____
DATE SENT: _____	PROCESSED BY: _____