MADISON™ BROKERAGE
The Advisor's Advisor
ACRISURE® PARTNER

INFORMAL INQUIRY

Client's Name(s:)	D.O.B.	U.S. Citizen? (Y or N)	Social Sec. #

Resident Address:

Client's Marital Status: (Married, Single, Divorced, Widowed)	Gender:	Height:	Weight:

Agent's Name:	Agent's Phone:	Fax:	Agent's SS / Tax I.D.	Agent's Email:

Plan of Insurance / Amount Desired:	How Much Life Insurance Currently in Force?	Premium Tolerance:

Has Case Been Submitted to Other Companies in the Past 6 months? If Yes, List Companies, File #s, Dates Submitted And Offers Made:

Company: _____ File #: _____ Date #: _____

Company: _____ File #: _____ Date #: _____

List Any Insurance Applied For That Was Rated Or Issued Other Than Applied For:

Name Of Company	Amount	Year	Issued	Std. Premium	Extra Premium	Reason Rated Or Declined

Currently Use Any Tobacco Product, Or Ever Used?	If Yes, Provide Details (Type And Duration)	If Discontinued, Date:
(Y or N)		

Family History	Age of Living	Present Health	Age of Death	Cause of Death
Mother				
Father				
Brother(s)				
Sisters(s)				

What Physician(s) Have You Consulted in the Past 10 Years? (Use Page 3 For Any Overflow of Information)

Physician(s) Name: _____
Date Of Last Visit: _____
Phone Numbers: _____
Address: _____
Reason: _____

Physician(s) Name: _____
Date Of Last Visit: _____
Phone Numbers: _____
Address: _____
Reason: _____

In What Hospitals, Clinics, Etc. Have You Ever Been Treated? (Use Page 3 For Any Overflow of Information)

Physician(s) Name: _____
Hospital/Clinic: _____
Phone Numbers: _____
Address: _____
Date: _____
Reason: _____

Physician(s) Name: _____
Hospital/Clinic: _____
Phone Numbers: _____
Address: _____
Date: _____
Reason: _____

Please List All Medications: (Use Page 3 For Any Overflow of Information)

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Coronary - Ignore If This Section Is Not Applicable:

Date Of Diagnosis Of First Chest Pain: _____

Number Of Diseased Vessels: _____

Dates / Details Of Treatment / Surgery (Examples; Angioplasty, Bypass)

_____

_____

_____

Dates Of Last Stress EKG: _____ **Results:** _____

By Whom: _____

Any Pain Since Treatment/Surgery: _____

Cancer- Ignore If This Section Is Not Applicable:

Exact Name And Location Of Cancer: _____

_____

Stage And Grade: _____

Who Would Have The Pathology Report: _____

Dates / Details Of Treatment / Surgery: _____

_____

_____

Diabetes - Ignore If This Section Is Not Applicable:

Date of Diagnosis: _____

Diet Only (Y or N): _____ Oral Medication (Y or N): _____ Insulin (Y or N): _____

Do You Regularly Test Your Blood Glucose: (Y or N): _____

Results: _____ **Frequency:** _____

Latest Result Of Glycohemoglobin (A1C) Test: _____

Have You Been Diagnosed With Having Protein And/or Microalbumin In Your Urine: (Y or N): _____

Have you ever Had: (Y or N):

Any Eye Trouble? _____ High Blood Pressure? _____ Kidney Trouble? _____

Heart Trouble? _____ Neuritis/Neuralgia? _____ Insulin Reactions? _____

Have You Ever Sought Treatment For Alcohol Or Drug Abuse?

(Y or N): _____ If Yes, Please Request The Appropriate Questionnaire

Hazardous Activities / Foreign Travel - Ignore If This Section Is Not Applicable:

(Y or N):

Scuba Diving? _____ Bungee Jumping? _____ Ultralight Flying? _____ Sky Diving? _____

Mountain Climbing? _____ Hang Gliding? _____ Auto/motorcycle Racing? _____ Travel? _____

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Overflow Of Information:

Good Health Credits:

Our Carriers With Crediting Programs Worked Diligently To Create Their Own Internal List Of "Credits"and As Long As Your Clients Demonstrates They Are Leading A Healthy Lifestyle, Carriers Apply Credits To Improve Their Overall Rating! Please See The List Below And Advise Which Credits Apply And We Will Pass The Information Along On Your Behalf!

Do You Have Regular Preventive Medical Care And Follow Ups? (Age Appropriate Screenings, Preventive Cancer Screening Tests, Preventive Heart Screening Tests, Etc)?

Are You A Lifetime Nonsmoker?

Do You Exercise On A Regular Basis?

Do You Maintain A Healthy Diet?

Is Your Income Greater Than $100,000 Or Net-worth Greater Than $1,000,000?

Do You Have A College Degree?

Any Driving/Moving Violations In The Last 5 Years?

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AUTHORIZATION FOR DISCLOSURE - HIPAA COMPLIANT

I hereby authorize each physician, doctor, physician practice group, nurse, pharmacy, pharmacy benefit managers, insurance support organizations, hospital, clinic and/or any other health care provider ("Authorized Disclosure") to provide to Madison Brokerage Corp. and/or its affiliates, directors, officers, employees, service providers or other representatives noted below ("Madison Brokerage Corp."), any and all information and/or records as to diagnosis, treatment and/or prognosis (including any and all dates thereof) concerning my past, present or future physical or mental history or condition. I also specifically authorize each Authorized Disclosure to release to Madison Brokerage Corp. the results of any HIV or AIDS test as well as information relating to any sexually transmitted diseases, drug or alcohol abuse and psychiatric evaluations and/ or information.

I understand that all medical information disclosed here under will be treated as confidential and will only be used by Madison Brokerage Corp. in connection with the decision to purchase, finance, transact a life settlement and/or maintain one or more life insurance policies under which my life is insured. I further understand that I am not required to sign this Authorization in order to obtain healthcare benefits (treatment, payment or enrollment).

I understand I have the right to revoke this Authorization in writing at any time, by sending a written request of revocation to: Madison Brokerage, 65 Madison Avenue, Suite 200, PO Box 1940 Morristown, NJ 07962-1940. I understand that this revocation is not effective to the extent that (i) the Authorized Disclosure has taken action in reliance upon this Authorization prior to receiving notice of my revocation or (ii), if this Authorization was obtained as a condition of obtaining insurance coverage, other law provides an insurer with the right to contest a claim under an insurance policy.

I understand that this Authorization is not a consent or an authorization requested by a health care provider, health care clearing house or health plan covered by privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (the "HIPAA Privacy Regulations"). I further understand that, as a result of this Authorization, any of my medical information disclosed by any Authorized Disclosure to Madison Brokerage Corp. may be redisclosed by Madison Brokerage Corp. to the following recipient parties: other insurers to which the Proposed Insured has applied or may apply; reinsurers; MIB; or persons or organizations that perform business, professional, or insurance tasks for them. I also understand that some information may be disclosed to persons or organizations that are not subject to federal health information privacy laws, which means that the information may no longer be protected under such laws. But even if information is disclosed to persons or organizations that are not subject to federal health information privacy laws, those persons or organizations must comply with all other applicable legal requirements governing the protection and redisclosure of information.

I certify that I am executing and delivering this Authorization freely and unilaterally as of the date written below and that all information contained herein is true, accurate and correct. I further certify that this Authorization is written in plain language and I fully understand its contents. I will retain a signed copy of this Authorization for future reference.

I specifically authorize and request my insurance company and each Authorized Disclosure to rely upon a photo static or facsimile copy or other reproduction of this Authorization the same as the original.

This Authorization shall remain valid until, and shall expire 36 months from the signature date.

Madison Brokerage · 21st Services · Acrimount LLC · Acrisure LLC · Allianz · American National · Ameritas · Appalachian Underwriters, Inc. Assurity Life · Athene · AVS · Banner Life · Cincinnati Life · Clinical Reference Library · Columbian Mutual · Columbus Life · Corebridge Financial Disability Resource Group, Inc. · Exam One · Exceptional Risk Advisors · Fasano · Fidelity & Guaranty Life · Fidelity Security General Re Life Corp · Gerber Life · Global Atlantic · Guardian · Halton Hall and Associates · John Hancock · Legal and General · Life Exams Life of the South West · Lincoln Life · Mass Mutual · Mutual of Omaha · Milliman IntelliScript · National Life · National Life Group · Nationwide New York Life · North American · OneAmerica · Pacific Life · Penn Mutual · Principal Life Insurance · Principal National Life · Protective Life Prudential · Sagicor · SBLI · Secura Consultants · Securian · Security Mutual Life · Standard Insurance Company · Symetra · Transamerica Financial Insurance Company · Transamerica Life Insurance · United of Omaha · US Life · William Penn

Name of Insured: _____ Signature: _____

Date of Birth: _____ Social Security Number: _____ Date: _____