CLC Life Insurance

700 Taylor Road · Suite 280 · Gahanna, OH 43230-3320
614.944.4743 · 800.845.0494 · Fax: 614.944.4748

SIMPLIFIED UNDERWRITING SPWL

Please print clearly

Certificate No._____
Council No._____

Name: _____

Current Age: _____ Sex: _____

Proposed Insurance Amount, based on your current age. **$ 5,000.00** **$ 10,000.00**

SINGLE PREMIUM WHOLE LIFE:

Premium: $_____ $_____

The above rates are non-tobacco user rates and applicable only to non-tobacco users. If you are a tobacco user, call or write the Home Office to determine your rates.

Address: _____

SS #: _____ Telephone # (_____)_____-_____ Date of Birth:_____

Medical History

Do you have any physical or mental handicaps? Yes_____ No_____

Have you received medical treatment or been hospitalized for any illness, disease, injury or physical condition in the last 5 years? Yes_____ No_____
Give details of Yes answers: _____
_____
_____

Have you used tobacco of any form in the last year? Yes_____ No_____

Will this insurance replace or change any insurance or annuity now in force? Yes_____ No_____
If Yes, give details: _____

Primary Beneficiary Designation

Name_____Relationship_____Address_____
_____
_____

Contingent Beneficiary Designation

Name_____Relationship_____Address_____
_____
_____

I hereby apply for the coverage checked above, and enclose the corresponding premium payment. I fully understand that this payment does not guarantee that a Life Insurance Certificate will be issued until this application is reviewed and approved by the CLC Home Office. If not approved, your remittance will be promptly returned with an appropriate explanation.

Your Signature: _____ Date:_____ at_____
(City & State)

Agent Signature:_____ Agent No._____