



BUSINESS UNDERWRITERS ASSOCIATES INFORMAL INQUIRY

Full Name:	Sex:	SSN:	Date of Birth:
Present Address:	How Long at Present Address:		
Occupation \ Kind of Business \ Position:	Name and Address of Employer:		

REQUESTED PLAN OF INSURANCE

Death Benefit Amount: Desired Premium: 1035/Lump Sum Amount:	Plan of Insurance: <input type="radio"/> Term 5-10-15-20-25-30 <input type="radio"/> Universal Life <input type="radio"/> Whole Life <input type="radio"/> Survivorship: UL or VUL <input type="radio"/> Variable Universal Life	Notes:
---	--	---------------

OTHER INSURANCE

Total amount of insurance in force right now: Company: _____ Company: _____ Death Benefit \$: _____ Death Benefit \$: _____ Current Premium: _____ Current Premium: _____	Are you replacing your current insurance:
---	--

MEDICAL INFORMATION

	Name and Address	DATE	Illness \ Diagnosis	Duration
What Physician did you last consult?				
What Physicians have you consulted during past five years?				
In what Clinics or Hospitals have you ever been?				
Do you smoke cigarettes, cigars or use other nicotine products? Please list all past use and date of last use:	Height:	Weight:	Please List all current medications:	

AGENT INFORMATION

Name:	SSN:	Phone:
		Email:

Business Underwriters Associates, L.L.C.
Authorization to Obtain Information
Waiver and Acknowledgement

AUTHORIZATION:

I AUTHORIZE _____, OR any health physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider (My providers) that has provided treatment or services to me or on my behalf to disclose my entire medical record and any other protected health information concerning me to Business Underwriters Associates , LLC and its agents, employees, and representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

By signing below, I terminate any agreements I have made with My Providers to restrict my protected health information and I instruct My Providers to release and disclose my entire medical records without restriction.

I UNDERSTAND my protected health information is to be disclosed under this Authorization so that BUA may: 1) underwrite my applications for coverage by making eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain insurance; and 3) conduct other legally permissible activities that relate to any coverage I have or have applied for with the Insurance Companies named below:

Aetna Life	Fidelity & Guaranty	Lincoln Life & Ann. of NY	Principal Life
AIG Life	Fidelity Security	Lincoln National	Protective Life
AIG American General	Fort Dearborn	Lincoln National Rein. Co.	Provident Mutual
Allianz	Fortis	Manulife	Prudential/ PRUCO
Allmerica Financial	Genworth Financial	Mass Mutual	Rumson Capital
American Investors	Genworth Life & Annuity	Met Life	Reliance Standard
American Life & Casualty	Genworth Life of NY	MONY Life Insurance Co.	Security Life of Denver
American National	Gleaner	Mutual of Omaha	Reinsurance Co.
Assurity	Illinois Mutual	North American	Security Mutual
AXA Life	ING Reliastar	North American of NY	State Life
Banner Life	ING Reliastar of NY	National Guardian	Stonestreet Financial
Canada Life	ING USA Life & Annuity	National Integrity	Sun Life of Canada
Central National	Integrity Life	Nationwide	Sun Life/ Keyport
Citizens Security	Interstate Assurance	New York Life	Transamerica
Cologne Life Reinsurance	Jefferson Pilot	Old Republic	United of Omaha
Colorado Bankers	John Hancock	Pacific Mutual	US Life
Companion Life of NY	Lafayette Life	Penn Mutual	West Coast Life
Coventry First	Life of Virginia	Penn Treaty	Western Reserve Life
Equitable of Iowa	Life Settlement Alliance	PFL	William Penn of NY
Federal Home	Lincoln Benefit Life	Physicians Mutual	Zurich Life

Other Insurance Company: _____

This authorization shall remain in force for 24 months, beginning _____. A copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization at any time. I understand my revocation must be in writing and addressed to the attention of the Privacy Official at the above-named facility or BUA, 4000 Embassy Pkwy, Ste 100, Akron, Oh 44333. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and no longer covered by certain federal rules governing privacy and confidentiality of health information.

WAIVER AND ACKNOWLEDGMENT:

This waiver and Acknowledgement (the "Waiver") has been signed on the date set forth below by the undersigned (the "Applicant") in favor of BUA, its successors, assigns, shareholders, directors, and employees (collectively "BUA") Applicant acknowledges, understands and agrees as follows:

- *that applicant has filed an application with BUA intending to secure life insurance from one or more insurance underwriters.
- *that, in the course of applying for life insurance coverage, BUA has asked for and received information concerning Applicant's medical condition and history, as well as other information that is of a personal and confidential nature.
- *that BUA will provide that information, or parts of it, to a number of potential insurers and their agents, employees, employees and representatives.
- *that BUA maintains, or will maintain, an electronic data interchange (the "interchange") through which certain Authorized underwriters and /or other insurance industry representatives (referred to in this Waiver as "Underwriters") may gain access to information concerning persons either covered by or applying for coverage by or applying for coverage under insurance through policies issued and serviced by those Underwriters.
- *that BUA will use the Interchange to store some or all of the confidential and personal information Applicant has provided to BUA, and , therefore, that Underwriters will be able to gain access to that information through the Interchange.
- *that the Underwriters will gain access to the Interchange via the Internet or other, similar computer-based telecommunications systems.
- *that, even though BUA has in place security measures BUA believes appropriate to protect the Interchange and the information it contains from unauthorized access and use, and even though BUA will continue to upgrade those security measures from time to time as circumstances warrant, BUA can make no guarantee as to BUA's ability to protect the Interchange and the information it contains from unauthorized access by "hackers" or other persons, who, through wrongful means, pay bypass the security measures protecting the integrity of the Interchange.
- *that BUA cannot control the use, dissemination, publishing or interpretation of the information contained in the Interchange that information is gathered by an Underwriter.
- *that Applicant will hold harmless from and against any unauthorized access to or use of, by any person or company, any information pertaining to Applicant in BUA's possession and /or stored on the Interchange.
- *that Applicant will indemnify BUA for all costs and expenses incurred by BUA or any of its employees, shareholders, directors, agents or representatives in enforcing this Waiver.

Applicant has evidenced his/her acknowledgement, understanding, and agreement with respect to the foregoing by signing this document below.

I ACKNOWLEDGE that I have received a copy of this document.

I AGREE this form shall be valid for twenty-four months (24) from the date shown below.

Signed on this date: _____/_____/_____

City: _____

State: _____

X _____
Signature of Proposed Insured/ Parent or Guardian

X _____
Signature of Witness

(Printed name of Proposed Insured/ Parent or Guardian)

At Business Underwriters Associates LLC, protecting your privacy is very important to us. We are strongly committed to safeguarding the information you provide us and to use it responsibly. Because of your commitment to you, we have adopted and adhere to the following policy regarding the privacy of your personal information.

Collection of Information

We may collect nonpublic personal financial information about you from some or all of the following sources:

- Information we receive from you on applications, new account forms, and fact-finding questionnaires;
- Your transactions with us, our affiliates, and those product sponsors with whom we have vendor agreements or other arrangements for the provision of services to you.
- Information we receive from non-affiliated third parties, including, but not limited to consumer reporting agencies; and
- Affiliated and unaffiliated product sponsors with whom we have selling relationships and whose products you own.

Disclosure of Information

We will not share nonpublic personal information concerning our potential, current, or former customers with affiliated or unaffiliated third parties, except as permitted by law. Nor will we share this information for marketing purposes, except as permitted by law.

Generally, we may disclose customer nonpublic personal information to affiliates and non-affiliated third parties that provide services to us or have contracts with us to supply the products or services that you have requested through us. Examples of third parties with whom we may share your information include:

- Insurance companies, mutual fund companies, insurance support organizations, and other product sponsors to effect purchases and sales and allow for the servicing of your accounts;
- Your agent or broker/dealer;
- Clearing agencies through whom we clear and settle securities transactions;
- Third party investment advisory firms with whom we have relationships for the management of customer advisory accounts;
- Business, like banks and other financial institutions with whom we have an agreement for the marketing and sale of products and services;
- Regulatory or law-enforcement authorities; and
- Record keeping companies.

Where we share your nonpublic personal information with third parties for the purposes noted above, we ensure that there are contractual restrictions on their use and disclosure of that information.

Protection of Information

We have security practices and procedures in place to prevent unauthorized use or access to your nonpublic personal information. Within BUA, your information is only available to those individuals requiring access to process or service your transaction with us, and those fulfilling compliance, legal or audit functions on our behalf. We maintain physical, electronic, and procedural safeguards to ensure the protection of your nonpublic personal information in accordance with state and federal privacy regulations.