

POLICY AUDIT QUESTIONNAIRE

Name of Insured _____

Date of Birth _____

State of Residence _____

Policy Type _____
(Par WL, non-par WL, UL, Term)

Face Amount _____

Annualized Premium _____

Gross Cash Value _____

Loan Balance _____

Net Cash Value _____
(after loan & surrender charge)

Cost Basis (optional) _____

Issue Date (optional) _____

Paid-To Date (optional) _____

Insurance Company Name (optional) _____

Current Policy Death Benefit Guaranteed Until Age _____

Current Policy Death Benefit Projected Until Age _____

Rate Class On Current Policy _____

Assumed Rate Class For New Policy _____

Agent Name _____

Agent Telephone # _____

Agent E-mail address _____

***Fax completed form to 954-938-0587
or call 954-938-5003 / 800-432-8668***

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