



Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141
Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496
cinfin.com ■ 513-870-2000

Interview Worksheet

Date _____

Agent name _____ Agent code _____

Agency name _____ Agency code _____

Proposed insured name _____ SSN _____

Birthdate _____ Save age Driver's license # _____ State _____

What number should be called? Residence Business Mobile

Phone number _____ Best time to call _____ AM PM

Address _____
(Street, City, State, ZIP)

Email address _____

Gender Male Female Smoker/Tobacco Yes No If Yes, type _____

Rate class Pfd Plus Pfd Std Plus Std Nonsmoker Pfd Smoker Std Smoker

Plan of insurance _____ Face amount \$ _____

Riders/Benefits

Accelerated Benefit Accidental Death \$ _____ _____ \$ _____

Waiver of Premium Child Insurance \$ _____

Owner Insured Other person Corporation Trust

If other than insured, complete the following:

Name _____

SSN/EIN _____ Relationship _____

Address _____
(Street, City, State, ZIP)

Email address _____

Beneficiary

Name _____ Primary Contingent

SSN _____ Relationship _____ Percentage _____

Name _____ Primary Contingent

SSN _____ Relationship _____ Percentage _____

Policy Information

What is the purpose of this insurance? Buy/Sell Family protection Income replacement
 Key person Other _____

Source of business _____

Exam provider: ExamOne APPS MediPro

Existing Coverage

1. Is the prospective policy to replace existing insurance? Yes No

If Yes, reason: _____

2. Have you ever or are you considering selling this or any other life insurance contract to a Viatical or Life Settlement company or any other party? Yes No

3. List all life insurance or annuities the proposed insured has in force with The Cincinnati Life Insurance Company or any other company, including any applications pending and indicate if any are to be replaced, changed, or borrowed against as a result of this application..... None

If in force policy(s), please provide information: _____

Payment Information

Method Direct bill EFT Frequency Annual Semi-annual Quarterly Monthly

Does the insured intend to finance any of the premium required to pay for this policy? Yes No

Payor Information Insured Owner Other

If other than insured, complete the following:

Name _____

Address _____
(Street, City, State, ZIP)

Email address _____

Agent Information

Is there to be any split commission with another agent? Yes No

Agent name _____ Commission % _____

Agent code _____ Agent not yet contracted Agent contract number unknown

Additional comments/remarks _____
