

COMMERCIAL INSURANCE SOLICITATION RECORD

For use of this form, see AR 210-7; the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10 USC, Section 3012.

PRINCIPAL PURPOSE: To furnish information regarding the insurance policy sold to members in pay grades E-1, E-2 and E-3.

ROUTINE USES: Information used by Insurance Officer to counsel the member to insure that he understands the terms of the insurance policy. DISCLOSURE OF REQUESTED INFORMATION IS VOLUNTARY, HOWEVER, FAILURE TO PROVIDE THE INFORMATION WILL PRECLUDE THE PROCESSING OF ALLOTMENT FOR MEMBERS IN PAY GRADES E-1, E-2, AND E-3.

SECTION I - (COMPLETED BY INSURANCE COMPANY REPRESENTATIVE AND GIVEN TO APPLICANT)

TO: (CO, Military Organization of Applicant)	DATE
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APPLICATION FOR AN INSURANCE POLICY ON HIS/HER LIFE HAS BEEN SUBMITTED TO MY COMPANY BY THE FOLLOWING INDIVIDUAL

LAST NAME - FIRST NAME - MIDDLE INITIAL OF APPLICANT	GRADE
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TYPE OF POLICY	AMOUNT OF LIFE INSURANCE	EFFECTIVE DATE OF POLICY	MONTHLY PREMIUM
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PREMIUM YEAR END	DEATH BENEFIT	PAID UP INSURANCE OR ENDOWMENT	EXTENDED INSURANCE	GUARANTEED CASH VALUE	TOTAL AMOUNT OF PREMIUMS PAID
1ST					
2D					
3D					
4TH					
5TH					
10TH					
15TH					
20TH					

REMARKS (Agent will fill in here any information he deems pertinent, and will include remarks concerning any exclusions or restrictive clauses which appear in the policy applied for.)

I HAVE CURRENT AUTHORIZATION TO SOLICIT INSURANCE BUSINESS ON THIS INSTALLATION AND THE ABOVE SOLICITATION WAS ACCOMPLISHED IN ACCORDANCE WITH ALL APPLICABLE REGULATIONS

NAME AND ADDRESS OF HOME OFFICE OF COMPANY

NAME AND LOCAL ADDRESS OF REPRESENTATIVE	SIGNATURE OF REPRESENTATIVE
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