



ADVISOR'S REPORT

It is the responsibility of the advisor/MGA to order Underwriting Requirements (APS excluded). The Underwriters may, at their discretion, order any additional requirements deemed necessary. Recent evidence (within the past 12 months) may be considered. Please contact Head Office for any additional requirements.

Policy/Application number: _____

UNDERWRITING REQUIREMENTS

Name of Service Provider:					
Underwriting Requirements	Life 1	Ordered	Life 2	Ordered	Comments/order number(s)
Paramedical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
M.D. Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Blood Profile & Urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrocardiogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Treadmill Electrocardiogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inspection Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prostate Specific Antigen (request with Blood Profile requirement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Motor Vehicle Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attending Physician Statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	YES	NO
1. Does the Applicant(s)/Owner(s) and the Proposed Life Insured(s) speak and read the language in which this application is written? ... If "No" how was the Application completed? Provide detail in Advisor's notes below.	<input type="checkbox"/>	<input type="checkbox"/>
2. Has there been prior contact with Head Office regarding the Proposed Life Insured(s)? If "Yes" give dates and reference of last Head Office letter, and person or department contact in Advisor's Notes below.	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you the Proposed Life Insured, Applicant/Owner, payor or beneficiary on this policy?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you a related party of the Proposed Life Insured(s) or Applicant(s)/Owner(s)? A related party includes: a) immediate family members such as a spouse, parent, grandparent, child, grandchild, or in-law b) a corporation where the Advisor or an immediate family member, individually or together own 50% or more of any class of shares of the corporation c) where the Advisor is incorporated, any director, officer, employee or agent of the Advisor, and any parent, subsidiary or affiliated corporation of the Advisor If "Yes" give details in Advisor's Notes below.	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you know of: a) Any criticism of the Proposed Life Insured(s) or Applicant(s)/Owner(s) character, habits, mode of living, or business reputation, past or present? (If "Yes", provide details in Advisor's Notes below)..... b) Any additional information which would assist in underwriting this application?..... (If "Yes", provide details in Advisor's Notes below)	<input type="checkbox"/>	<input type="checkbox"/>
6. Was this sale derived from a financial needs analysis?	<input type="checkbox"/>	<input type="checkbox"/>
7. I have held and viewed the documentation provided by the Proposed Life Insured(s) and the Applicant(s)/Owner(s) for verification of their identity, and confirmation of the information provided on this Application	<input type="checkbox"/>	<input type="checkbox"/>
8. I have made a reasonable effort to determine if the Applicant(s)/Owner(s) are acting on behalf of a third party.	<input type="checkbox"/>	<input type="checkbox"/>
9. I have reviewed and explained the Sales Illustration to the Applicant(s)/Owner(s)	<input type="checkbox"/>	<input type="checkbox"/>



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- 10. I confirm that I have disclosed the following to the Applicants:**
- a) the life or critical illness policy, if issued, is underwritten and managed by Equitable®;
 - b) the company or companies I represent;
 - c) I am an independent broker/advisor representing Equitable;
 - d) I am a life agent licensed by the Insurance Council of British Columbia and/or the Financial Services Commission of Ontario, if applicable;
 - e) I receive compensation and will continue receiving servicing/renewal commissions, if a policy is issued and comes into effect, and if it remains in force;
 - f) I may be eligible for additional compensation, such as bonuses and travel incentives, depending on the volume or persistency of business I place with Equitable;
 - g) I have disclosed any conflicts of interest I may have regarding this Application.
- 11. I have reviewed the information provided in this Application with the proposed Applicant(s) / Owner(s) and to the best of my knowledge, it is complete and true.**.....

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

ADVISOR'S NOTES: _____

ADVISOR'S INFORMATION:

MGA Name: _____ MGA No: _____

MGA Phone: _____ MGA Fax: _____ MGA Email: _____

Advisor's Name	Advisor's No	Servicing	Commission %	Advisor's Phone	Advisor's Fax
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

All correspondence to Advisor in English French

Advisor's Email Address: _____

Supervisor's Email Address: _____

Advisor's Signature _____

Supervising Advisor's Signature _____

Date (dd/mmm/yyyy) _____

Date (dd/mmm/yyyy) _____



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CONFIRMATION OF ADVISOR/BROKER DISCLOSURE

The Insurance product you are applying for is underwritten and supplied by Equitable, licensed to conduct business in all provinces and territories of Canada. The advisor/broker soliciting this insurance application is a licensed independent broker representing Equitable through an independent agency, and will receive compensation from Equitable if a policy is issued and comes into effect, and will continue receiving ongoing compensation if you continue to keep the policy in force. The advisor/broker may be eligible for additional compensation, such as bonuses and travel incentives, depending on the volume or persistency of business the advisor/broker places with Equitable during a given time period. You are not obligated to transact any other business with Equitable, the advisor/broker or any other person or entity as a condition of the Application.