

Lesniewski Moore

Consulting Group Inc.
Actuarial & Retirement Plan Consulting



Insurance Advisor Information

Name: _____
Company: _____
Telephone: _____
E-mail: _____

Corporate Information

Company: _____
Details of Sale: _____

Insurance Policy Valuations

Data Required (Please Provide Copy of Insurance policy if available)

Insurer: _____
Policy Number: _____
Face Amount: _____
Insured: _____
Type of Ins. Policy _____
Date of Issue: _____
Guaranteed Annual Level Cost _____
Current Cash Value: _____
Current Adjusted Cost Base _____
Date of Birth: _____
Underwriting Status at Issue: _____
Underwriting Status Currently: _____
Premium Payment Period _____
Other pertinent Information (if applicable) _____

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