



ABC Insurance Application Form

Applicant Information

Full Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email: _____

Policy Details

Type of Insurance: Life Health Property Auto

Coverage Amount: _____

Policy Term: 1 Year 5 Years 10 Years Other: _____

Premium Breakdown:

- Base Premium: \$_____

- Rider Costs: \$_____

- Total Premium: \$_____

Benefit Description

Benefits may be provided under certain conditions.

Some exclusions might apply.

Please refer to the policy document for more details.

Renewability & Conversion

This policy may be renewable under certain conditions.

Conversion options could be available depending on eligibility.

Claims Process

Claims should be submitted promptly.

Processing times may vary depending on the nature of the claim.

Consumer Rights

I acknowledge the 10-day free-look period

- I understand my right to cancel the policy within this period for a full refund

Privacy Notice

- I have read and understood the data handling and privacy policy
- I consent to the use of my data for underwriting and claims purposes

Regulatory Compliance

- This form has been filed with the State Department of Insurance
- All riders included have been separately filed and approved
- Language used in this form is clear and enforceable

Scenario Declaration

- Applicant has a pre-existing medical condition
- Applicant is a smoker
- Property is under mortgage
- Vehicle has prior damage
- Other: _____

Signature

I certify that the information provided is true and complete to the best of my knowledge.

Applicant Signature: _____

Date: _____