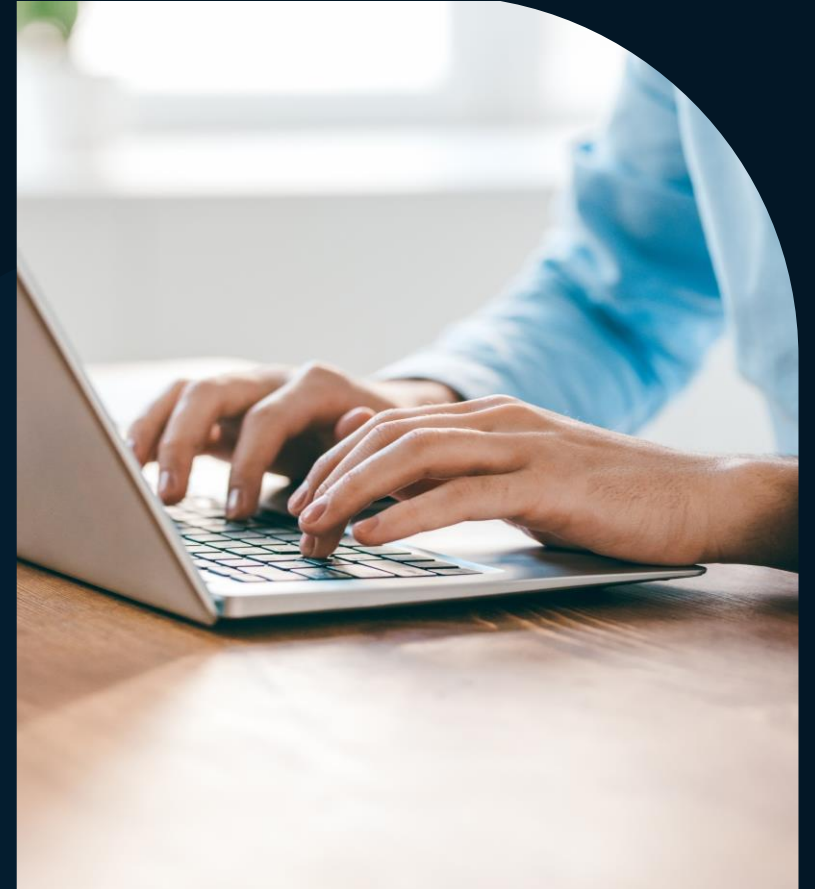


# Request For Coverage Process



As you can see  
here, **Americo** was  
the **top choice**

✔ Level coverage is provided.

✔ Double accidental coverage is included for the entire client's life at no additional cost.

→ Go with this one



Hit Eapp Button

E-App

Height/Weight (optional) 5 3 196

Nicotine Use None

Payment Type Bank Draft/EFT


Get Quote

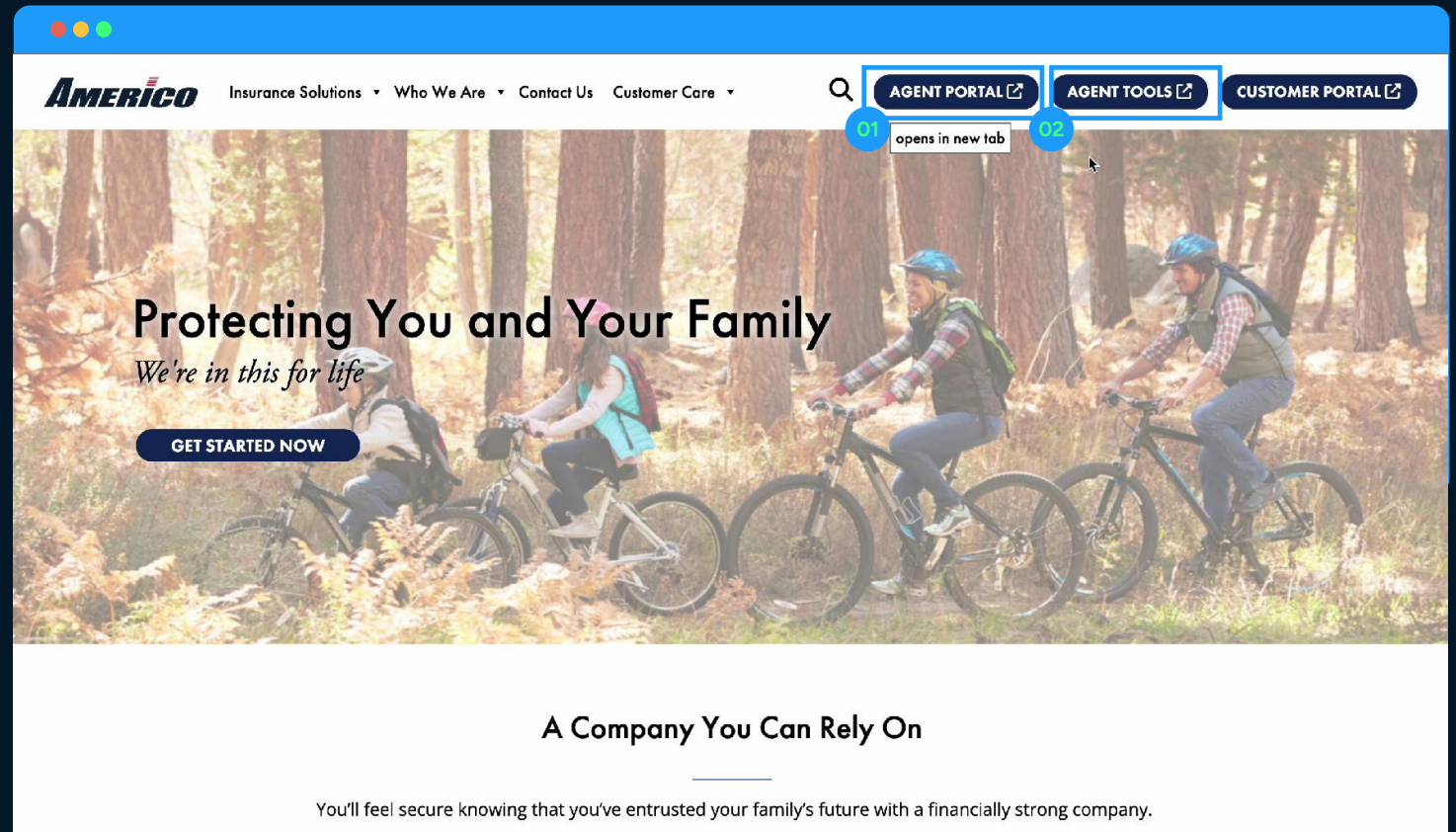
Clear Fields Load Save

Company Name	Monthly	Coverage Type	Actions
AMERICO	\$65.60	Eagle Level	
TRANSAMERICA	\$69.68	Immediate Solution Standard	
CVS Health <small>Underwritten by Accendo Insurance Company</small>	\$76.74	Accendo Standard	


# It takes you over to the website for **Americo**

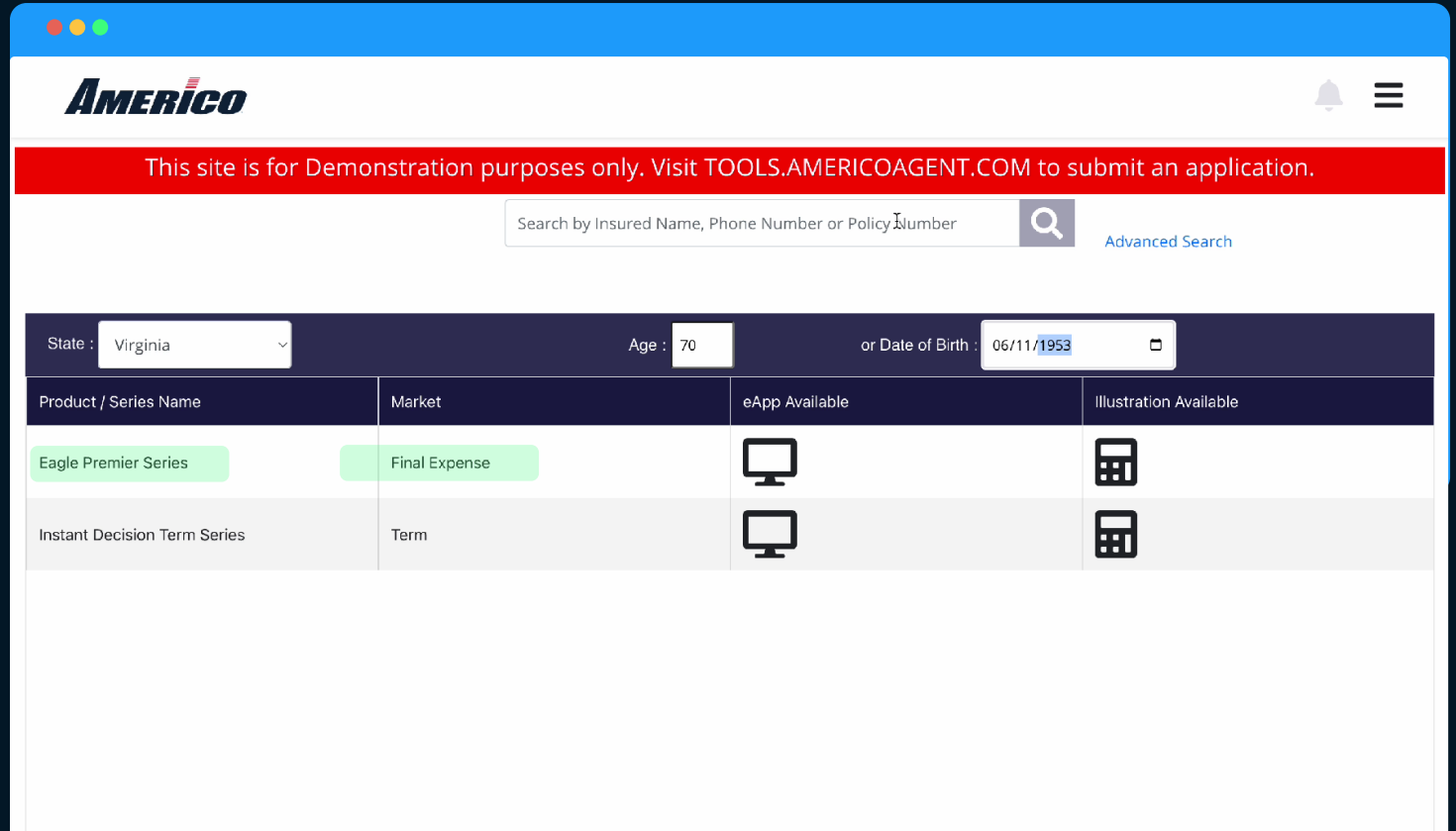
Here, we have:

- 01 Agent Portal
- 02 Agent Tools  
(this will take you right to the app)
-  They have a test app on Americo. You can go ahead and go through the entire application process.



# Eagle Premiere Series is our final expense option





Hit this icon  to proceed to the next step.



The screenshot shows the AMERICO website interface. At the top, there is a red banner with the text: "This site is for Demonstration purposes only. Visit [TOOLS.AMERICOAGENT.COM](https://TOOLS.AMERICOAGENT.COM) to submit an application." Below the banner is a search bar with the placeholder text "Search by Insured Name, Phone Number or Policy Number" and a magnifying glass icon. To the right of the search bar is a link for "Advanced Search".


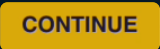
Below the search bar, there are input fields for "State" (set to "Virginia"), "Age" (set to "70"), and "or Date of Birth" (set to "06/11/1953").

Below these fields is a table with four columns: "Product / Series Name", "Market", "eApp Available", and "Illustration Available".



Product / Series Name	Market	eApp Available	Illustration Available
Eagle Premier Series	Final Expense		
Instant Decision Term Series	Term		

# Provide a little information to begin the application



Fill out all of the information needed

→  Hit this button  to proceed to the next step.

AMERICO




This site is for Demonstration purposes only. Visit [TOOLS.AMERICOAGENT.COM](https://tools.americoagent.com) to submit an application.



Case Details 1/11Welcome 

Good Evening, Vincent  
First, we need to gather a little information to begin your application.


1. What is the Insured's Date of Birth?

06/11/1953

2. This application for *Eagle Premier Series* for an insured age of 70 will be issued in the state of

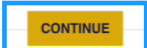
Virginia

3. Agent Number?

 335 - EQF00Z

UP NEXT: 2/11

Insured






## Answer **basic questions** about the Insured

Insured Personal Information

1. What is the Insured's Name?  
Mary  
Middle Initial (Optional)  
John  
Suffix (Optional)
2. Gender?  
☐ Male  
☒ Female
3. Height?  
5  
3
4. Weight?  
196
5. Social Security Number?  
234-56-1234  
Confirm Social Security Number?  
234-56-1234
6. Place of Birth  
United States Of America  
Alabama



Insured Personal Information

7. Will Mary also be the Policyowner?  
☒ Yes  
☐ No
8. Street Address?  
123 Main Street  
Apt., Bldg., Ste., etc. (Optional)  
 Mary John  
VA  
21401  
2002
9. What is the reason this sale is being completed outside of the owner's resident state?  
☐ Owner has a 2nd Residence in this State  
☐ Owner is employed or has regular business in this state  
☐ Owner is related to or has a business relationship with the agent, and the agent resides in this state
9. Is Mailing Address different?  
☐ Yes  
☒ No



Please make sure to fill in the correct details for the owner.



## Answer **basic questions** about the Insured continued ...

Insured Personal Information

10. How many years has Mary lived at this address?

☐ Less than 5 Years

☒ 5 Years or More

11. Please provide an Email Address for Mary.

123abcxyz@gmail.com

☒ Electronic Policy Delivery ⓘ

Confirm Email Address

123abcxyz@gmail.com

12. Phone Number?

☐ Home

☒ Cell

☐ Work

(202) 123-456

UP NEXT: 3/11

Product

PREVIOUS CONTINUE

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01

If you choose **“less than”**, you have to put in their previous zip code

02

This is where they'll get all of their documents regarding the policy. Making it very easy for them to review things later.

03

This is where they will send the **text message verification code**. It is very important you get the phone number correct



Hit this button **CONTINUE** to proceed to the next step.

## Find out what product and features to add

01

If we apply for **Eagle Premier** and it doesn't qualify, and it qualifies for Eagle Guaranteed, they will let you know.

03


Feel free to add the **Premium Loan feature**. This means that the cash value in the account will be used to pay the premiums as a loan, if payments are missed to keep the policy alive.

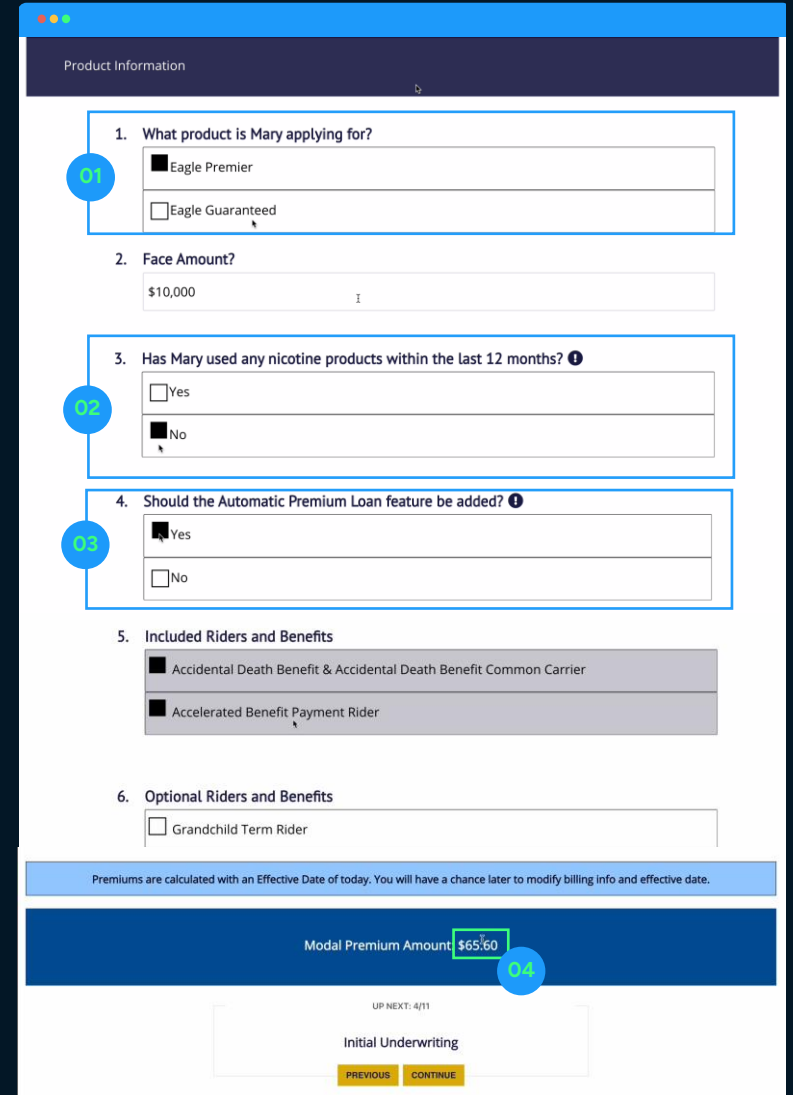
02

Answer the **Nicotine question**.

04

**Verify the Premium Amount** is correct with the amount you had earlier.

→  Hit this button **CONTINUE** to proceed to the next step.



The screenshot shows a 'Product Information' form with the following sections and annotations:

- 1. What product is Mary applying for?** (Annotation 01)
  - ☒ Eagle Premier
  - ☐ Eagle Guaranteed
- 2. Face Amount?**
  - \$10,000
- 3. Has Mary used any nicotine products within the last 12 months?** (Annotation 02)
  - ☐ Yes
  - ☒ No
- 4. Should the Automatic Premium Loan feature be added?** (Annotation 03)
  - ☒ Yes
  - ☐ No
- 5. Included Riders and Benefits**
  - ☒ Accidental Death Benefit & Accidental Death Benefit Common Carrier
  - ☒ Accelerated Benefit Payment Rider
- 6. Optional Riders and Benefits**
  - ☐ Grandchild Term Rider

At the bottom, a blue bar displays: **Modal Premium Amount \$65.60** (Annotation 04). Below this, it says 'UP NEXT: 4/11 Initial Underwriting' with 'PREVIOUS' and 'CONTINUE' buttons.





Let's get approval to check with some consumer information databases to start the initial underwriting review.

How would Mary like to sign?

☐ On Tablet or Laptop  
*Select when all signers are present with you*

☒ Remote Signing - Text Delivery  
*Select when some signers are in different locations, including yourself, and when signers have access to their mobile phone*

☐ Remote Signing - Email Delivery  
*Select when some signers are in different locations, including yourself, and when signers have access to their email account*


Signer Details

Mary John  
Mobile Phone Number  
(202) 123-456

SEND TEXT

The **first signature request** is asking the customer to let the insurance company check their prescription and medical information for a pre-approval

! Select: **Remote Signing - Text Delivery**.

→ Hit this button  to proceed to the next step.

## Get approval to check with some customer information

Signer Details

Mary John

Mobile Phone Number

(202) 123-456

RE-SEND TEXT

Text message was sent at 10/9/2023 at 5:45:31 PM EDT.

Instructions - Vincent Hall read the following agreement to the Insured:

By providing the authorization code you received by text message, you are confirming:

- You intend to be a party to an insurance application.
- You consent to receive electronic documents by text message.
- You received and were able to review documents provided by text message.
- You agree with the process of inserting "Signed by electronic signature" in place of an actual signature on the above referenced forms to signify your agreement.

Authorization Code

873721

VERIFY CODE

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They will send you a text message  
→ put the **authorization code**.

- Ask your customer to provide the authorization code they received either by text message or by email. This code will serve as their signature.

→ Hit **VERIFY CODE** and **AGREE TO TERMS**

AMERICO

Mary John

Face Amount: \$10,000

4/11 Initial Underwriting

Initial underwriting check is complete. Continue asking questions to finish the application.

the authorization code you received by text message, you are confirming:

- You intend to be a party to an insurance application.
- You consent to receive electronic documents by text message.
- You received and were able to review documents provided by text message.
- You agree with the process of inserting "Signed by electronic signature" in place of an actual signature on the above referenced forms to signify your agreement.

Authorization Code

873721

VERIFIED

I, agent Vincent Hall, agree that I have read the above signature agreement and received confirmation from the insured.

AGREE TO TERMS

Vincent, at this point, this application must be completed and submitted by 10/16/2023 or the case will be automatically closed.

UP NEXT: 5/11

Medical History

PREVIOUS CONTINUE

Initial Underwriting Check is complete.

- Americo's initial underwriting prescreen tool will let you know if you should continue with the application or not.

→ Hit this button **CONTINUE** to proceed to the next step.

# Ask the Medical Questions

- Be **thorough** and make sure your customer answers all the questions.
- Most Final Expense Applications will have **similar** questions

**AMERICO**

This site is for Demonstration purposes only. Visit [TOOLS.AMERICOCAGENT.COM](https://TOOLS.AMERICOCAGENT.COM) to submit an application.

Mary John AM00459262 Face Amount: \$10,000 5/11 Medical History

Now we need to gather answers to some medical questions. It's important to read these questions to the insured just as they are written.

Have you ever been diagnosed, treated, tested positive, or been given medical advice, or prescribed medication by a licensed member of the medical profession for:

- Alzheimer's disease, dementia, memory loss, muscular dystrophy, or ALS (Lou Gehrig's disease)?
 ☐ Yes
 ☒ No
- Congestive heart failure, defibrillator placement, cardiomyopathy, chronic kidney disease or kidney failure, or received kidney dialysis?
 ☐ Yes
 ☒ No
- Cirrhosis of the liver, Hepatitis (all forms, excluding recovered Hepatitis A), or liver failure?
 ☐ Yes
 ☒ No
- Emphysema, chronic obstructive pulmonary disease (COPD), or any other chronic respiratory or lung problem, excluding allergies or asthma?
 ☐ Yes
 ☒ No
- Metastatic cancer (cancer that has spread to other parts of the body)?
 ☐ Yes
 ☒ No

Have you ever been diagnosed, treated, tested positive, or been given medical advice, or prescribed medication by a licensed member of the medical profession for:

- Two or more occurrences of cancer of any kind or a recurrence of a previous cancer?
 ☐ Yes
 ☒ No
- AIDS, ARC, or HIV?
 ☐ Yes
 ☒ No

In the past 24 months, have you been diagnosed, treated, tested positive, or been given medical advice by a licensed member of the medical profession for:

- Internal cancer, brain tumor, or malignant melanoma (excluding basal cell skin cancer)?
 ☐ Yes
 ☒ No
- Complications of diabetes, including amputation, retinopathy (eye disease), nephropathy (kidney disease), neuropathy, insulin shock, or diabetic coma?
 ☐ Yes
 ☒ No

In the past 12 months, have you been diagnosed, treated, tested positive, been given medical advice or prescribed medication by a licensed member of the medical profession for:

- Angioplasty (balloon procedure), stent placement, or heart bypass surgery?
 ☐ Yes
 ☒ No
- Stroke; heart attack, heart valve disease, coronary disease, angina (chest pain), or heart disorder (excluding hypertension)?
 ☐ Yes
 ☒ No

# Ask the Medical Questions continued ...

Are you now, or within the past 6 months have you been:

12. Hospitalized for 48 hours or more, bedridden or confined to or living in a nursing facility or correctional facility?

☐ Yes

☒ No

13. Receiving or been advised by a member of the medical profession to receive hospice care?

☐ Yes

☒ No

14. Receiving home health care for a chronic or debilitating condition?

☐ Yes

☒ No

15. Receiving assistance with activities of daily living, including eating, bathing, toileting, or dressing due to a chronic or debilitating condition?

☐ Yes

☒ No

16. Confined to a wheelchair or using a walker for assistance (except in the case of a temporary condition immediately following injury or medical treatment not to exceed 3 months' time)?

☐ Yes

☒ No

17. Using oxygen to assist in breathing?

☐ Yes

☒ No

Additional Questions:

18. In the past 24 months, have you been diagnosed, treated, tested positive, received medical advice, counseling, or been prescribed medication by a licensed member of the medical profession for drug or alcohol abuse/dependency or addiction?

☐ Yes

☒ No

19. Within the last 12 months, have you been advised by a licensed member of the medical profession, to have tests, surgery or hospitalization (except for those related to HIV or AIDS), which have not been completed, or are you waiting for a medical diagnosis or results of medical tests or procedures which have not been received?

☐ Yes

☒ No

20. Have you been diagnosed with a terminal illness that is expected to result in death within 24 months?

☐ Yes

☒ No

21. Have you received advice from a licensed member of the medical profession to have, are you waiting for, or have you ever received, an organ or tissue transplant?

☐ Yes

☒ No

Please check the answers on this page for accuracy. If all answers are correct, click 'Confirm' to save your answers.

Existing Insurance

→  Hit  and



**AMERICO**

This site is for Demonstration purposes only. Visit [TOOLS.AMERICOAGENT.COM](https://TOOLS.AMERICOAGENT.COM) to submit an application.

Mary John  
AM00489262

Face Amount: \$10,000

6/11 Existing Insurance

Tell us about any existing insurance already in place.

1. Is there any existing life insurance or annuity coverage on the life of any Proposed Insured?

☒ Yes

☐ No

UP NEXT: 7/11

Existing Policy Details

2. Existing Policies

Will this policy be replaced? ⓘ

☐ Yes

☐ No

Who is the Insured or Annuitant?

☐ Mary John

Company Name?

Policy or Contract Number?

☐ Unknown

Who is the Owner?

Policy or Contract Number?

☐ Unknown

Who is the Owner?

Policy Effective Date?

mm/dd/yyyy

Face Amount?

ADB Amount?

\$0

Americo or Non-Americo Coverage?

☐ Americo

☐ Non-Americo

Is the owner considering using funds from the existing policies or contracts to pay premiums due on the new policy or contract?

☐ Yes

☐ No

ADD POLICY

## Existing Insurance Questions

- 01 If Client does have existing coverage, If you hit **"YES"**, they will ask what the coverage is and if it's getting replaced or not.
- 02 If the client does not know the policy number (found on the policy), then go ahead and fill in **unknown**.
- 03 A **general effective date** is usually ok if the client doesn't remember the exact date
- 04 This question is usually answered **"NO"** but make sure you ask.



If no existing coverage,  
please select **"NO"** and  
continue on.



Choose **"NO"**



Hit this button **CONTINUE**  
to proceed to the next step.

# Complete Beneficiary Information

01 Add an individual

02 If multiple people are involved, distribute the benefits among three or more individuals.

Some companies allow up to **6 beneficiaries**, but the total percentage must equal **100%**.

03 Amerigo does not require the **date of birth for the beneficiary**, but we would recommend you **get it**. It is something most companies require to identify the beneficiary to pay a death benefit.

04 It's usually a spouse, a child or a relative of the client.

05 Add other beneficiaries to equal 100% of total death benefit percentage

→  Hit **CONTINUE**

## Set up billing schedule and provide payment information

01

Select **Monthly Bank Draft**

Make sure they belong to a **bank or credit union** before you continue to Amerigo, they require a routing and account number

02

Ask the client when they would like their **coverage to start**.

Typically, the start date is usually the time of the client's first payment.

03

Clients have the ability to align their payments with when they receive their social security benefits. This is encouraged for clients receiving SSI benefits.

The screenshot shows the Amerigo web application interface for setting up billing. At the top, there's a red banner stating: "This site is for Demonstration purposes only. Visit TOOLS.AMERICOAGENT.COM to submit an application." Below this, the user's name "Mary John" and ID "AM00459262" are displayed, along with the "Face Amount: \$10,000" and the current step "8/11 Billing & Payment". The main heading says "Now let's set up your billing schedule and collect payment information." Below this is a section titled "Billing Information".

Step 01: "1. How should we bill for premiums?"

- ☒ Monthly Bank Draft

Below this step, a blue box displays: "Initial Draft Date will be: 10/09/2023" and "Recurring Monthly Draft Day: 9th".

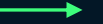
Step 02: "2. Would you like to change your draft date? Coverage is not effective until the Draft Date. ⓘ"

- ☐ Today or upon Issue
- ☐ Pick a Specific Day of the Month
- ☒ Social Security Billing

Step 03: "3. Social Security Billing Option ⓘ"

- ☒ Second Wednesday
- ☐ Third Wednesday
- ☐ Fourth Wednesday





## Set up billing schedule and provide payment information continued ...

01

Ask your client which bank they typically use to set their monthly payments.

02

Ask for the routing number, it's always 9 digits.

03

And then ask for the account numbers. Depending on the bank, they can be as small as eight digits, or they can be as long as 16 digits.



### REMEMBER

This can't be a debit or credit card information.  
This has to be an account and routing information.



Hit

VALIDATE BANK INFO

and

CONTINUE

# Complete Agent Statement

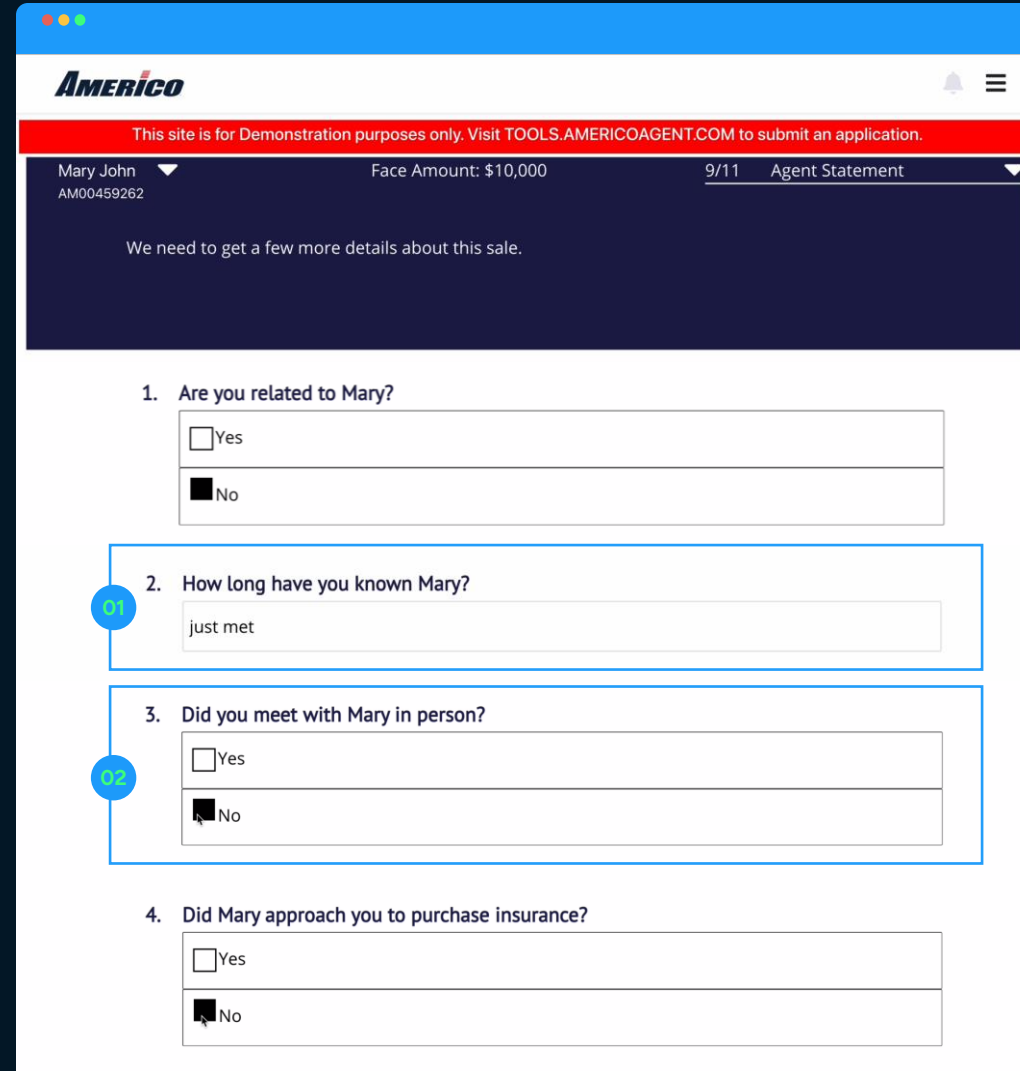
All the insurance carriers want to have a statement from you as the agent.

01

If this is the first time meeting the client, feel free to put “**Just Met**”

02

This is going to be a “**NO**” because the sale was made over the phone



The screenshot shows the AMERICO Agent Statement form. At the top, the AMERICO logo is on the left, and a notification bell and menu icon are on the right. A red banner below the header states: "This site is for Demonstration purposes only. Visit [TOOLS.AMERICOAGENT.COM](https://tools.americoagent.com) to submit an application." Below the banner, the form displays the agent's name "Mary John" and ID "AM00459262" on the left, and the "Face Amount: \$10,000" and "9/11 Agent Statement" on the right. A dark blue box contains the text: "We need to get a few more details about this sale." The form consists of four numbered questions:

1. Are you related to Mary?  
☐ Yes  
☒ No
2. How long have you known Mary?  
just met
3. Did you meet with Mary in person?  
☐ Yes  
☒ No
4. Did Mary approach you to purchase insurance?  
☐ Yes  
☒ No



# Finish Agent Statement

01

Make sure your answers for replacements **matches your answers earlier** in the application.

02

Most agents don't split commissions, this will usually be a **"NO"** answer.



Hit this button **CONTINUE** to proceed to the next step.

**Amerigo**

This site is for Demonstration purposes only. Visit [TOOLS.AMERICOAGENT.COM](https://tools.americoagent.com) to submit an application.

Mary John  
AM00459262

Face Amount: \$10,000

9/11 Agent Statement

We need to get a few more details about this sale.

5. Is there any existing life insurance or annuity coverage on the life of any Proposed Insured?

☐ Yes

☒ No

6. What is your Phone Number?

(202) 123-456

7. Email Address?

123abcxyz@gmail.com

8. Is an agent split involved with this sale?

☐ Yes

☒ No

UP NEXT: 10/11

Underwriting Decision

PREVIOUS CONTINUE

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## Complete the final underwriting review

**AMERIGO**

Mary John  
AM00459262

Face Amount: \$10,000

10/11 Underwriting Decision

Now that you've provided all necessary information, we are ready to complete the final underwriting review.


If all information has been correctly entered, submit the case for underwriting review. After the underwriting process is complete, a decision will be displayed below.

**SUBMIT TO UW**

If you wish to discontinue this case for any reason, you may withdraw the case.

**WITHDRAW**

UP NEXT: 11/11

 Hit this button **SUBMIT TO UW** to proceed to the next step.



**AMERIGO**

Mary John  
AM00459262

Face Amount: \$10,000

10/11 Underwriting Decision

Final Underwriting Decision

UW Final Decision: **Approved as Applied**

If you wish to discontinue this case for any reason, you may withdraw the case.

**WITHDRAW**

UP NEXT: 11/11

Signing & Submission

**PREVIOUS** **CONTINUE**

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Over in the left-hand corner, there is a **policy number** for this client. This makes it really easy because you can provide them with a policy number right away.



Hit this button **CONTINUE** to proceed to the next step.

## Review filled forms and provide final signatures to submit the application

**AMERIGO**

Mary John  
AM00459262

Face Amount: \$10,000

11/11 Signing & Submission

Now we will review filled forms and gather final signatures so we can submit the application.

How will final signing be completed?

☒ On Tablet or Laptop  
Select when all signers are present with you

☐ Remote Signing - Text Delivery  
Select when some signers are in different locations, including yourself, and when signers have access to their mobile phone

☐ Remote Signing - Email Delivery  
Select when some signers are in different locations, including yourself, and when signers have access to their email account

Signer Details

Mary John  
Mobile Phone Number  
(202) 123-456

SEND TEXT

Signer Details

Mary John  
Mobile Phone Number  
(202) 123-456

RE-SEND TEXT

Text message was sent at 10/9/2023 at 5:54:42 PM EDT.

**Instructions - Vincent Hall read the following agreement to the Insured:**  
By providing the authorization code you received by text message, you are confirming:

- You intend to be a party to an insurance application.
- You consent to receive electronic documents by text message.
- You received and were able to review documents provided by text message.
- You agree with the process of inserting "Signed by electronic signature" in place of an actual signature on the above referenced forms to signify your agreement.

Authorization Code  
755327

VERIFY CODE

No items to show.

Vincent Hall

Vincent, please review and agree to this consumer disclosure.

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

© 2023 Amerigo Financial Life and Annuity Insurance Company



Hit

VERIFY CODE



Hit

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

## Review filled forms and provide final signatures to submit the application continued ...

The screenshot shows the 'Electronic Signature and Delivery Authorization' form for Mary Jo AM00459. The form includes the Amerigo logo and the text 'Americo Financial Life and Annuity Insurance Company'. It contains sections for 'Consent to Use Electronic Signatures', 'Consent to Receive Covered Documents Electronically', and 'Right to Revoke Your Consent at Any Time'. A green arrow points to the right of the form.

The screenshot shows the signature collection page for Mary Jo AM00459. It features a table with three columns: 'Proposed Insured's Signature', 'Owner's Signature', and 'Date'. The table has rows for 'Additional Proposed Insured's Signature', 'Payor's Signature', 'Child's Signature', 'Child's Signature', 'Child's Signature', 'Child's Signature', 'Child's Signature', 'Parent/Legal Guardian's Signature', and 'Agent's Signature'. At the bottom, there is a 'DONE' button highlighted with a blue box and a 'PRINT' button. A green arrow points to the right of the form.

## Review filled forms and provide final signatures to submit the application continued ...

**AMERICO**

Mary John  
AM00459262

Face Amount: \$10,000

11/11 Signing & Submission

signature on the above referenced forms to signify your agreement.

Authorization Code  
755327

VERIFIED

Vincent Hall

Vincent, please review and agree to this consumer disclosure.

**ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

☒ I agree to use electronic records and signatures.

**VIEW FORMS**

By clicking the button below, you are confirming you agree with the process of inserting "Signed by electronic signature" in place of an actual signature on the above referenced forms to signify your agreement. The case will be automatically submitted and application entry will be complete.

**AGREE TO TERMS AND SUBMIT THE POLICY**

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**AMERICO**

This site is for Demonstration purposes only. Visit [TOOLS.AMERICOAGENT.COM](https://TOOLS.AMERICOAGENT.COM) to submit an application.

Mary John  
AM00459262

Face Amount: \$10,000

11/11 Signing & Submission

**VIEW SIGNED FORMS**

**CONGRATULATIONS! THIS APPLICATION HAS BEEN SUCCESSFULLY SUBMITTED.**

**PREVIOUS**

© 2023 Amerigo Financial Life and Annuity Insurance Company



**AGREE TO TERMS AND SUBMIT THE POLICY**

# Thank you!



**Website**

<https://allcalls.io/>

**Phone**

(855) 815-0382

**Email**

[support@allcalls.io](mailto:support@allcalls.io)