



Premium Financing New Case Submission

Proposed Insured	
Name:	Client understands loan is fully collateralized? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required)</i>
Date of Birth:	Smoker: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	LEs completed within prior six months? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit If Yes)</i>

Broker/Agent	
Agent Name:	E-Mail:
Phone Number:	Fax:
Address:	Licensed in South Dakota: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Updated Non-Circumvent NDA: <input type="checkbox"/> Yes <input type="checkbox"/> No

Carrier	Product	Face Amount	Carrier Offer	Offer Expiration Date
1.				
2.				
3.				

Insured Financial Statement

ASSETS

Residences \$ _____
 Real Estate \$ _____
 Business Interest \$ _____
 Stocks / Bonds \$ _____
 Cash \$ _____
 IRA / 401K / Retirement \$ _____
 Annuities \$ _____

(A) TOTAL ASSETS \$ _____

NET WORTH (A-B=) \$ _____

ANNUAL INCOME \$ _____
This Year

ANNUAL INCOME \$ _____
Prior Year

LIABILITIES

Mortgages \$ _____
 Personal Debt \$ _____
 Business Debt \$ _____
 Other \$ _____

(B) TOTAL LIABILITIES \$ _____

THIS INFORMATION PROVIDES A QUICK SNAPSHOT OF THE INSURED'S FINANCIAL SITUATION TO DETERMINE THE APPROPRIATE FINANCING STRUCTURE. AFTER IDENTIFYING THE OPTIMAL FINANCING STRUCTURE, ADDITIONAL FINANCIAL INFORMATION WILL BE REQUIRED.

Submit via email to UNDERWRITING@CAMBRIDGEFINANCINGCOMPANY.COM or via fax to 561-988-0833. Please call Cambridge Financing Company at 561.997.7400 or toll free at 877.466.1066 for assistance.