

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 765 (2004/01)	Agent's Report	ACORD 765 is a standard Agent's Report, accepted by multiple carriers. This form is used to answer questions that relate to the Proposed Insured. This form must be completed by the agent/broker who obtained the application on the Proposed Insured and then sent to the new Carrier. Not all features and benefits offered on this application are available with each carrier's life insurance plans. Be sure to contact your agent or the underwriting carrier to verify the specific benefits available in the plan for which the proposed insured is applying.
IDENTIFICATION SECTION	Name and Address of Insurance Company	Name of Insurance Company must be inserted before this form is used. Use the actual name of the company. Do not use group names.
PROPOSED INSURED	First Name	First name of the proposed insured.
PROPOSED INSURED	Middle Name	Middle name of the proposed insured.
PROPOSED INSURED	Last Name	Last name of the proposed insured.
PROPOSED INSURED	Case ID	Insert the identification number that identifies the case in the agency system.
PROPOSED INSURED	Soc. Sec. # or Government ID #	Social Security Number or Government Identification Number of Proposed Insured.
PROPOSED INSURED	Date of Birth	Indicate the date of birth of proposed insured in MM/DD/YYYY format.
AGENT'S REPORT		The following questions relate to the proposed insured and are to be answered by the agent or broker of record. This must be completed for all applications. If any question is answered "YES", it must be completed in Remarks.

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AGENT'S REPORT	What is the purpose of insurance ?	Check the appropriate box to indicate the purpose of the insurance. If "Other", specify. Give details including financial information. For amounts of \$500,000 or more, financial statements may be requested.
AGENT'S REPORT	Are you related to the Proposed Insured(s)?	If "Yes", state relationship.
AGENT'S REPORT	How long have you known the Proposed Insured(s)?	
AGENT'S REPORT	Do you have any information not presented in this application which might in any way affect this risk?	If "Yes", explain in Remarks.
AGENT'S REPORT	What rate class was quoted?	
AGENT'S REPORT	Have age/amount medical requirements been ordered?	If "Yes", list provider and date of appointment, if known.
AGENT'S REPORT	If the Proposed insured is a Minor	Indicate the amount of insurance in force for each parent or sibling.

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AGENT'S REPORT	Does he/she live with his/her parents?	State the name of the person responsible for the child's support, his or her relationship to the child and how much insurance is on his or her life. If neither this person or the minor is the owner/applicant, explain in Remarks.
AGENT'S REPORT	Were there any Proposed Insured(s) whom you did not see when you took the application?	If "Yes", indicate whom.
AGENT'S REPORT	Does the Proposed Insured speak english?	If "No" answer the questions regarding interpretations.
REMARKS		
COMMISSION	Name of Licensed Producer	Complete for each licensed agent to receive a commission. Total commission shares must equal 100%. Each licensed agent will share equally unless otherwise indicated.
COMMISSION	First Name	First name of the licensed producer.
COMMISSION	Middle Name	Middle name of the licensed producer.
COMMISSION	Last Name	Last name of the licensed producer.
COMMISSION	Soc. Sec. # or Government ID #	Social security number or Government Identification Number of licensed producer.
COMMISSION	Agent Number	The identification number of the Agent.

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COMMISSION	Agency Number	The identification number of the Agency.
COMMISSION	General Agent/Managing Agency Name	The name of the General Agent or Managing General Agency.
COMMISSION	General Agent/Managing Agency Number	The identification number of the General Agent or Managing General Agency.
COMMISSION	Agent's Commission Share %	The percentage of the Commission paid to the Agent for selling the investment.
COMMISSION	Name of Licensed Producer	Complete for each licensed agent to receive a commission. Total commission shares must equal 100%. Each licensed agent will share equally unless otherwise indicated.
COMMISSION	First Name	First name of the licensed producer.
COMMISSION	Middle Name	Middle name of the licensed producer.
COMMISSION	Last Name	Last name of the licensed producer.
COMMISSION	Soc. Sec. # or Government ID #	Social security number or Government Identification Number of licensed producer.
COMMISSION	Agent Number	The identification number of the Agent.
COMMISSION	Agency Number	The identification number of the Agency.
COMMISSION	General Agent/Managing Agency Name	The name of the General Agent or Managing General Agency.
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COMMISSION	Agent's Commission Share %	The percentage of the Commission paid to the Agent for selling the investment.
PRODUCER STATEMENT		
PRODUCER STATEMENT	Signature of Producer	The producer must sign this form.
PRODUCER STATEMENT	Date of Birth	Enter date the form was signed by the producer in MM/DD/YYYY format.
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