



## How to Write a Life Insurance Cover Letter Like a Million Dollar Producer

<b>Who You Are</b>	<ul style="list-style-type: none"> <li>✓ Introduction of agent/advisor</li> </ul>
<b>Your Relationship to the Client</b>	<ul style="list-style-type: none"> <li>✓ Longevity of relationship</li> <li>✓ How you know the client (personal, business, church, sports)</li> </ul>
<b>Identify the Client</b>	<ul style="list-style-type: none"> <li>✓ Employment and community involvement</li> <li>✓ Family information</li> <li>✓ The offer you are looking for and the timeline you are trying to work within</li> <li>✓ Any other pending applications or life insurance offers</li> <li>✓ Explanation why any requirement is not available or attainable</li> </ul>
<b>Justification/Purpose of Insurance</b>	<ul style="list-style-type: none"> <li>✓ Family Protection: <ul style="list-style-type: none"> <li>○ Is the applicant married, divorced, widowed?</li> <li>○ Do they have children or other dependents?</li> </ul> </li> <li>✓ Buy-Sell: <ul style="list-style-type: none"> <li>○ Is there a formal buy-sell agreement or business appraisal in place?</li> <li>○ How was the value of the business determined?</li> <li>○ Are all partners applying?</li> </ul> </li> <li>✓ Key Person: <ul style="list-style-type: none"> <li>○ What are the proposed insured's job duties?</li> <li>○ How experienced is this person in the industry?</li> <li>○ How was the loss to the company determined?</li> <li>○ How long has this business been in operation?</li> <li>○ How many employees?</li> <li>○ Is this the only key person?</li> </ul> </li> <li>✓ Loan collateral: <ul style="list-style-type: none"> <li>○ What is the purpose of the loan?</li> <li>○ Is this an SBA loan?</li> <li>○ What is the duration and value of the loan?</li> <li>○ Estate planning: <ul style="list-style-type: none"> <li>○ Was an estate planning attorney or CPA involved?</li> <li>○ How was the face amount determined?</li> <li>○ Will the policy be owned by a trust?</li> </ul> </li> </ul> </li> </ul>
<b>Insurance in Force/Replacement</b>	<ul style="list-style-type: none"> <li>✓ Death Benefit</li> <li>✓ Type of Insurance</li> <li>✓ Personal or Business</li> </ul>
<b>Medical Assessment/Family History/Lifestyle</b>	<ul style="list-style-type: none"> <li>✓ Client's health factors or lifestyle that might make placing the case tough</li> <li>✓ Chronological history of events – diagnosis, treatment, doctor visits, tests</li> <li>✓ Any extensive travel plans</li> <li>✓ Citizenship details</li> <li>✓ Details not provided in application regarding avocations or driving history</li> <li>✓ Reasons and dates for any substandard ratings or declinations in the past</li> </ul>
<b>Current Medications</b>	<ul style="list-style-type: none"> <li>✓ Medication name, dosage, frequency and reason taking</li> </ul>
<b>Owner Beneficiary</b>	<ul style="list-style-type: none"> <li>✓ Owner and beneficiary information.</li> </ul>
<b>Exam Information</b>	<ul style="list-style-type: none"> <li>✓ Indicate if you are including a completed exam.</li> </ul>