Standard Insurance Company

Individual Disability Insurance 1100 SW Sixth Avenue Portland OR 97204-1093

Producer Information Report for Application for Disability Insurance

Producer Name (Please Print)	Producer No.	Agency	
Telephone Nos.Primary ()Secondary ()	Email Address		
1. Other Producer(s) to receive credit for this application: Name (Print)	Producer No	Percent	
Name (Print)	Producer No.	Percent	
Name (Print)	Producer No.	Percent	
□ Client Referral □ Direct Ma	il/Cold Call		
3. How long and how well do you know the proposed insured?			
 4. Illustrated with: Rates: Smoker Nonsmoker Occupation Class: 5A 5P 4A 4P 4S 3A 3D 3P 2A 2P A B 5. Does the proposed insured read, speak and understand English? If No, please explain in Remarks Yes No 6. Did you personally see and talk with the proposed insured and owner at the time this application was completed and signed? If No, please explain in Remarks			
 8. Discounts applied, if any (Please review the Discounts se Employer Multi-Life Employer's Name Employer's TIN In the Remarks area, list the names and policy numbers of the other employees or business owners who have submitted applications and requested the discount. 	ction of the Product Guide for requi	ownership) dvantage Only)	
	Preferred Occupation (Platinur	n Advantage Only)	
 9. For the Full Underwriting Application Supplement my clie Standard's Electronic Medical Questionnaire TeleApp Phone process The supplement is completed and being submitted with 			

10. Remarks. Also, note anything not disclosed in the applic	cation that might affect the proposed insured's insurability.	
I Declare That: I gave the Disclosure Notice - Information Practices to the proposed insured. This application was read and signed by the proposed insured and owner, if different, after all required questions were asked and answered. I have accurately recorded on this application all information given to me by the proposed insured and owner, if different. Regardless of whether medical questions will be asked of the proposed insured in any telephone or other interview process, I know of nothing affecting the risk that is not recorded on this application or in any accompanying written statement or letter.		
Producer Signature	Date	