



USFL  
PO Box 3016  
Monroe, WI 53566-3016  
Phone: 800-959-3894  
Fax: (803)-233-3725

**POS ILLUSTRATION REQUEST FORM  
(GENERAL AGENT/AGENT USE ONLY)**

DATE REQUESTED: \_\_\_\_\_

FAX TO: POLICY OWNER SERVICE DEPT.

FAX #: 803-233-3725

TO PREVENT UNNECESSARY DELAYS, LEGIBLY COMPLETE ALL INFORMATION FIELDS BELOW. PLEASE NOTE THAT ALL REQUESTS ARE PROCESSED IN DATE ORDER AND YOU SHOULD ALLOW A MINIMUM OF 5 BUSINESS DAYS FOR PROCESSING YOUR REQUEST.

REQUESTED BY: \_\_\_\_\_ INSURED \_\_\_\_\_

OTHER Authorization of Policyowner is required ATTACHED  Yes  No

AGENT/GA: \_\_\_\_\_ - MUST Include GA or Agent Identification Number

\_\_\_\_\_

NAME OF REQUESTOR: \_\_\_\_\_  
First Middle Last

RELATIONSHIP TO POLICYOWNER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
Street City State Zip Code

EMAIL ADDRESS: \_\_\_\_\_

**PREFERRED METHOD TO RETURN REQUEST TO YOU:**

REGULAR MAIL  FAX  EMAIL



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POLICY NUMBER: \_\_\_\_\_ INSURED: \_\_\_\_\_

PURPOSE OF ILLUSTRATION (Add an additional page if more space is needed):

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ARE THERE INTENTIONS TO SELL THIS POLICY?  Yes  No

IF SO, TO WHOM: Insert name of person and/or company purchasing, include address, phone number and website (if applicable)

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IS VERIFICATION OF COVERAGE BEING REQUESTED/ATTACHED  Yes  No

AUTHORIZATION ATTACHED  Yes  No

OTHER ATTACHMENTS  Yes  No



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**Please read the following disclaimer before completing and signing below.**

We agree that my/our signature(s) below shall apply to each request, which has been checked on this form. Notice to any person who, with intent to defraud or knowing that he is/may be facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

REQUESTOR:

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(Print Name)

SIGNATURE:

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