

**Express Quote**

**4 Hour  
Response!**

*American United Life  
Insurance Company®  
a ONEAMERICA® company  
One American Square  
P.O. Box 368  
Indianapolis, IN 46206-0368  
(317) 285-1877*

*Pioneer Mutual Life Insurance Co.  
A stock subsidiary of American United  
Mutual Insurance Holding Company  
a ONEAMERICA® company  
101 North 10th Street  
Fargo, ND 58102  
(701) 297-5700*

*The State Life  
Insurance Company  
a ONEAMERICA® company  
P.O. Box 406  
Indianapolis, IN 46206  
(317) 285-2300*



**Fax: 317-285-2199**

Express Quote For: \_\_\_\_\_ Age: \_\_\_\_\_  
*Client's Last Name*

Approximate Face Amount: \_\_\_\_\_

Product:  WL  VUL  UL  Term  Asset-Care®  Annuity Care  COB Rider –  36 mo. or  Lifetime

Tobacco Use:  Yes  No  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Medical Problems: Include Medications Taken; Dates and Description of Surgeries**

**Cancer: Type, Stage, Lymph Nodes Affected**

**Diabetes: Date of Diagnosis, Medications, Circulatory or Renal Complications**

**Heart History: Dates, Medications, which Arteries Bypassed or Corrected by Balloon Therapy**

**Other Concerns: Medical History, Weight, Aviation, Hazardous Sports, Foreign Travel, Unusual Test Results, Possible Problem with Preferred, etc.**

Diagnosis/Problem	Date	Medications/Treatment

Tentative Underwriting Action: \_\_\_\_\_

Underwriter: \_\_\_\_\_

**Never guarantee this tentative quote to your client, as this quote may be modified during the actual underwriting process.**

Producer's Name: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Producer's Code: \_\_\_\_\_

**If an application is forthcoming, please include a copy of this response with the application so the same underwriter providing the tentative quote can handle your application.**

*If you have any documentation relative to this potential problem, please fax it along with this form.  
(Please limit documentation to a maximum of five pages.)*