

THE 7 STEPS OF ACCELEWRITING®

STEP 1

VERIFY THE PROPOSED INSURED IS ELIGIBLE FOR ACCELEWRITING® BY ASKING THEM THE FOLLOWING QUESTIONS FROM THE eAPPLICATION:

1. Does the Proposed Insured currently receive health care at home, or require assistance with bathing, dressing, feeding, taking medications or use of toilet? Yes No
2. Is the Proposed Insured currently in a Hospital, Psychiatric, Extended or Assisted Care, Nursing facility? Yes No
3. Is the Proposed Insured currently incarcerated due to a misdemeanor or felony conviction? Yes No
4. Has the Proposed Insured ever tested positive for the HIV virus or been diagnosed by a member of the medical profession as having AIDS or the AIDS Related Complex (ARC)? Yes No
5. Has the Proposed Insured ever tested positive for or been diagnosed by a member of the medical profession as having Alzheimer's or Dementia, Cirrhosis, Emphysema or Chronic Obstructive Pulmonary Disease (COPD)? Yes No
6. In the past 10 years has the proposed insured had 2 or more of the following impairments: Cancer, Diabetes, coronary artery disease (including Heart Attack), Stroke or TIA (Transient Ischemic Attack), carotid artery disease, heart valve replacement, Peripheral Vascular Disease (PVD), Peripheral Artery Disease (PAD) or had multiple strokes or transient ischemic attacks (TIA)? Yes No
7. Has the Proposed Insured in the past 12 months been advised by a physician to be hospitalized or to have Diagnostic Tests, Surgery, or any medical procedure that has not yet been completed or for which the results are not yet available, except those tests related to the Human Immunodeficiency Virus (AIDS)? Yes No
8. Has the Proposed Insured in the past 24 months been diagnosed as having or advised by a physician to have treatment for Cancer (other than Basal Cell Carcinoma), Heart Attack, Stroke or TIA (Transient Ischemic Attack), Alcohol or Drug Abuse? Yes No
9. Has the Proposed Insured in the past 24 months had a Driver's License revoked or suspended, or been convicted of 2 or more moving violations, or been convicted of a violation for driving while intoxicated or under the influence, or for driving while ability impaired because of the use of alcohol and/or drugs? Yes No

- ***If the Proposed Insured answered "No" to all of these questions, continue to Step 2.***
- ***If the Proposed Insured answered "Yes" to any of these questions, contact Sagicor's Producer Resource Center (PRC) at 888-724-4267, ext. 4680 for other options.***