

PERSONAL INFORMATION

Name: First		Middle	Last	
Title:	Birthdate: (yyyy/mm/dd)	Gender:	Male	Female
Address:	Occupation:			
	City:	Parish/State:	Country:	
	Zip:			
Phone:	Daytime:	Evening:	Cellular:	
Best time to Call	Day(s) of week:	Time of day:	a.m.	p.m
e-mail address				

INSURANCE

LIFE	1	2	3	4	5
Type of Policy					
Insurer					
Annual Premium					
Insured					
Owner					
DISABILITY INCOME					
Type					
Insurer					
Annual Premium					
CRITICAL ILLNESS					
Type					
Insurer					
Annual Premium					
Insured					
Owner					
Health Insurance - Individual					
Type of Plan					
Annual Premium					
Owner					
Other Insurance - Individual					
Type of Plan					
Annual Premium					
Owner					
Coverage					

Homeowner's Insurance		
Type of Plan		
Insurer		
Annual Premium		
Renewal Date		
Motor Insurance		
Type of Coverage		
Insurer		
Annual Premium		
Renewal Date		
Motor Insurance		
Type of Coverage		
Insurer		
Annual Premium		
Renewal Date		
Other Insurance - General		
Type of Plan		
Insurer		
Annual Premium		
Renewal Date		
Other Insurance - General		
Type of Plan		
Insurer		
Annual Premium		
Renewal Date		

Customer Consent:

I confirm that I, *(enter your name)* have provided this information to Lashley Financial and General Services Inc for its confidential use with respect to assessing my insurance needs and negotiating and placing my insurance business and this e-mail represents my authorization for such use of this information.

I further confirm that a representative of Lashley Financial and General Services Inc can contact me to discuss my needs and agree the placement of my insurance business, once I appoint them as brokers.

I have been referred to Lashley Financial by *(enter referrer name)*.

I have not and will not attempt to negotiate insurance on behalf of Lashley Financial, and will only refer potential customers, based on my perception of their need for brokerage services from Lashley Financial. I understand that my referral of potential customers in no way hinges on me appointing Lashley Financial and General Services Inc as my brokers.

I *(enter name)* have authorised the above on *(enter date)* in electronic form.