



## **NEW AGENT ROADMAP TEXAS**

505 TERRY BLVD.  
LOUISVILLE, KY 40229

HOMEOFFICE@ORCA.LIFE  
WWW.ORCA.LIFE

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# NEW AGENTS FIRST STEPS

## BEFORE PASSING THE STATE EXAM

1. **(1<sup>ST</sup> OPTION)** ENROLL IN THE ONLINE COURSE **\$99**
  - A. EXAMFX.COM
  - B. CLICK “REGISTER NOW”
  - C. UNDER **SPECIAL COMPANY DISCOUNT PRICING**
    - I. ENTER HOMEOFFICE@ORCA.LIFE
  - D. UNDER **SELECT PRODUCT** CHOOSE:
    - I. **INSURANCE PRELICENSING**
    - II. **TEXAS**
  - E. UNDER **SELECT TRAINING** CHOOSE:
    - I. **LIFE AND HEALTH INSURANCE**
  - F. UNDER **SELECT PACKAGE** CHOOSE:
    - I. **VIDEO STUDY PACKAGE**
  - G. UNDER **SELECT ADD-ONS**
    - I. THESE ARE OPTIONAL
  - H. FINISH ACCOUNT SET UP AND BEGIN STUDYING!
  
2. **(2<sup>ND</sup> OPTION)** ENROLL IN CLASSROOM TRAINING **\$199**
  - A. TEXASINSURANCETRAINING.COM
  - B. CHOOSE CLASSROOM TRAINING+
  
3. GET FINGERPRINTED **\$39**
  - A. MUST USE **IDENTIGO.COM** OR CALL **1-888-467-2080**
  - B. FOLLOW [HTTPS://UENROLL.IDENTIGO.COM/WORKFLOWS/11G6QF](https://uenroll.identigo.com/workflows/11G6QF)
    - I. FOLLOW STEPS FOR FINGERPRINTING IN TEXAS
  - C. SEE PAGE 16 FOR FAST PASS FINGERPRINTING FORM
    - I. BRING FORM TO FINGERPRINTING APPOINTMENT
  
4. APPLY FOR YOUR LICENSE THROUGH SIRCON **\$50**
  - A. **SIRCON.COM/TEXAS**
  - B. CLICK **APPLY FOR A LICENSE**
  - C. SELECT **NEW INSURANCE LICENSE**
    - I. **SELECT RESIDENT**
    - II. **SELECT INDIVIDUAL**
  - D. FOLLOW THE REMAINING STEPS
  - E. CHOOSE **GENERAL LINES – LIFE, ACCIDENT, HEALTH AND HMO**
  - F. CLICK **HELP** AT THE BOTTOM OF THE PAGE FOR FURTHER ASSISTANCE
  
5. SCHEDULE STATE EXAM **\$62**
  - A. VISIT **PEARSONVUE.COM/TX/INSURANCE**
  - B. REVIEW THE CANDIDATE HANDBOOK
  - C. FOLLOW **VIEW EXAMS** LINK ON RIGHT-HAND SIDE OF THE PAGE
    - I. CHOOSE **GENERAL LINES – LIFE, ACCIDENT & HEALTH (INSTX-LAH05)**
  
6. OBTAIN, COMPLETE AND RETURN AML CONTRACT
  - A. OBTAIN AND RETURN TO YOUR HIRING MANAGER

# AFTER PASSING THE STATE EXAM

1. COMPLETE NEW AGENT ORIENTATION (HELD EVERY FRIDAY)
  - A. USE **GOTOMEETING** WITH SCOTT MORRIS
  - B. SET UP **EMAIL ADDRESS**
  - C. SET UP **LEAD ACCOUNT**
  - D. ORDER **ID BADGE**,
  - E. ORDER **BUSINESS CARDS**
  - F. ORDER **SUPPLIES**
  
2. ASSEMBLE WORK KIT
  - A. GARMIN GPS
  - B. PROFESSIONAL BINDER
  - C. PENS
  - D. STICKY NOTES
  - E. LEGAL PADS / SCRATCH PAPER

## CHECKLIST FOR ORCA LIFE:

- RECEIVE NEW AGENT WELCOME BOX
- BECOME APPOINTED WITH AML, CFG, LBL, AND AIG.
- HAVE ALL STATE LICENSES ON FILE
- SUBMIT VOIDED CHECK
- CREATE AGENT BIOGRAPHY (SHORT PARAGRAPH)
- TAKE PICTURE IN PROFESSIONAL ATTIRE
- DOWNLOAD:
  - INSURANCE CARRIER PRICING APPS
  - TURBOSCAN
  - MY FAX APPLICATION
  - MEDSCAPE

# IMPORTANT CONTACTS

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## ADMINISTRATION

HOME OFFICE	HOMEOFFICE@ORCA.LIFE	844-851-3846
BARB BROWN	BARBARABROWN@ORCA.LIFE	502-424-9774
DESMONIQUE BEARD	DESMONIQUEBEARD@ORCA.LIFE	502-507-6864

## LEADERSHIP TEAM

TODD BARRETT	TODDBARRETT@ORCA.LIFE	502-645-2355
CORDON CASSIDY	CORDONCASSIDY@ORCA.LIFE	502-593-0664
GLENN CRABTREE	GLENNCRABTREE@ORCA.LIFE	502-664-4683
LINDSEY CURRY	LINDSEYCURRY@ORCA.LIFE	502-418-1361
DAVID CURRY	DAVIDCURRY@ORCA.LIFE	502-314-2789
CHRIS DICKERSON	CHRISDICKERSON@ORCA.LIFE	502-536-1294
KEVIN GLASSCOCK	KEVINGLASSCOCK@ORCA.LIFE	502-554-5290
PATRICK HOLDER	PATRICKHOLDER@ORCA.LIFE	502-649-0358
MICHAEL HUFFMAN	MICHAELHUFFMAN@ORCA.LIFE	502-773-5223
JORDAN LINDSEY	JORDANLINDSEY@ORCA.LIFE	615-727-4250
SCOTT MORRIS	SCOTTMORRIS@ORCA.LIFE	859-893-3135
ZACH RANDOLPH	ZACHRANDOLPH@ORCA.LIFE	502-931-3917
RICHARD SHAWN	RICHARDSHAWN@ORCA.LIFE	502-645-6993
STORMY WEATHERS	STORMYWEATHERS@ORCA.LIFE	706-302-7561

## **INSURANCE CARRIERS**

### **AMERICAN MEMORIAL LIFE**

MAIN LINE	1-800-621-7162
PHONE HEALTH INTERVIEW (ESP)	1-888-842-2266
NEW BUSINESS SUBMISSION	FNBB@ASSURANT.COM

### **COLUMBIAN FINANCIAL GROUP**

MAIN LINE	1-800-305-1335
PHONE HEALTH INTERVIEW (APPTICAL)	1-800-737-6972
NEW BUSINESS SUBMISSION (FAX)	1-877-261-3266 / 1-888-233-6881

### **LIBERTY BANKERS INSURANCE GROUP**

MAIN LINE	1-800-731-4300
CUSTOMER SERVICE	1-800-604-8002
PHONE HEALTH INTERVIEW (DIMA)	1-800-604-6844
REPLACEMENT SUBMISSION (FAX)	1-888-525-5002

### **GERBER LIFE INSURANCE**

MAIN LINE (AGENTS)	1-800-428-4947
CUSTOMER SERVICE	1-800-704-2180
NEW BUSINESS SUBMISSION (FAX)	1-877-608-4634

### **AIG LIFE INSURANCE**

MAIN LINE (AGENTS)	1-800-677-3311
CUSTOMER SERVICE	1-800-888-2452
NEW BUSINESS SUBMISSION (FAX)	1-855-612-9959

# SALES FUNDAMENTALS OUTLINE

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## BUSINESS SETUP

“BE IN BUSINESS FOR YOURSELF, BUT NOT BY YOURSELF.”

1. TECHNOLOGY
  - A. SMART PHONE
  - B. GPS (GARMIN)
  - C. TABLET/LAPTOP
2. ATTIRE
  - A. MEN: POLO / BUTTON DOWN WITH SLACKS AND DRESS SHOES
  - B. WOMEN: BLOUSE / BUTTON DOWN WITH DRESS PANTS AND FLATS
3. KNOWLEDGE
  - A. CONDUCT RESEARCH ON LIFE INSURANCE INDUSTRY
4. INTERPERSONAL SKILLS
  - A. SPEAK WITH CONFIDENCE
  - B. BE UNDERSTANDING
  - C. READ BODY LANGUAGE

## LEAD PROGRAMS

1. EARNED LEAD PROGRAM (ELP)
  - A. BASED ON SUBMITTED ANNUALIZED PREMIUM
    - I. RUNNING FOUR-WEEK AVERAGE

SUBMITTED PREMIUM (\$)	PREMIUM LEADS
1200 – 1799	10
1800 – 2399	15
2400 – 2999	20
3000 +	25

2. PAY FOR LEAD (PFL)
  - A. FIXED LEAD COST
    - I. \$27

# SALES PROCESS

## APPROACH / DOOR KNOCK

1. EFFICIENCY IS THE KEY
2. APPROACH
  - A. MATTER-OF-FACT
    - A. "I'M HERE TO GET YOU MORE INFORMATION."
  - B. RELAXED DEMEANOR WITH A SMILE
  - C. BE A **PROFESSIONAL VISITOR**
3. TAKE CONTROL WHEN YOU ENTER A HOME
  - A. RE-ADDRESS WHY YOU'RE THERE
  - B. **DO NOT SELL YET**
  - C. TRANSITION INTO C.O.R.E.
  - D. GENTLE, ENDEARING, BUT INTENTIONAL APPROACH.

## C.O.R.E / CHIT CHAT

1. TRUST BUILDING
  - A. CHILDREN
  - B. OCCUPATION
  - C. RECREATION
  - E. EMOTION
2. TRUST IS BUILT WITH TWO-WAY COMMUNICATION

## PRE-QUALIFYING

1. KNOW THE KNOCK-OUT QUESTIONS
2. KNOW DIFFERENT TYPES OF MEDICATIONS
  - A. APP FOR MEDS – **MEDSCAPE**
3. KNOW HOW TO FIND OUT IF THEY HAVE A BANK / CREDIT UNION ACCOUNT

## FINAL WISHES PLANNING GUIDE

1. BRINGS OUT MORE EMOTION
2. EXPLAINS REALITY OF WHAT FAMILY WILL GO THROUGH
3. SHOWS FAMILY HOW TO ORGANIZE FUNERAL WISHES
4. HELPS TRANSITION FROM C.O.R.E TO FLIP CHART

## FLIP CHART PRESENTATION

1. ADDRESSES THE FIVE REAL REASONS PEOPLE CHOOSE TO BUY
  - A. **TRUST**
  - B. **NEED**
  - C. **DESIRE**
  - D. **URGENCY**
  - E. **VALUE**
2. RESULTS IN A NATURAL, ASSUMPTIVE "**NO-CLOSE**" AT THE END



## PLAN RECOMMENDATION / PRICE SHEET

1. SHOW THREE PLAN AMOUNTS
2. TWO APPROACHES
  - A. STEP-DOWN
  - B. INFLATION-RECOMMENDED
3. HAND OVER PRICE SHEET TO CLIENT

## APPLICATION

1. THOROUGH IN-HOME UNDERWRITING CREATES MORE TRUST
  - A. SHOWS YOU ARE TRYING TO FIND THE BEST BENEFIT AVAILABLE
  - B. BECOME AN **ASSISTANT BUYER**
  - C. LEADS TO HIGH POLICY PLACEMENT AND PERSISTENCY
2. DO NOT CUT SHORT THE PROCESS
3. THE ASSUMPTIVE APPROACH WORKS BEST HERE
4. APPLICATION IS FILLED OUT - **AFFIRMATION CLOSE**
5. FILL OUT APP IN CORRECT ORDER

## PHONE HEALTH INTERVIEW

1. PREP THE CLIENT
2. GO OVER ALL PRESCRIPTIONS
  - A. KNOW THE MEDICATION INS AND OUTS
3. YES AND NO

## CLOSING AND APPLICATION COMPLETION

1. NEATLY AND EFFICIENTLY FILL OUT THE APPLICATION
2. DO NOT MISS ANY **AUTOGRAPHS**
3. KEEP THE AFFIRMATION GOING
4. CREATES A POSITIVE ENVIRONMENT

## COOL DOWN AND CLIENT REFERRAL CALLS

1. ASSURE THE CLIENT OF THEIR **GREAT DECISION** AND **SELFLESS GIFT**
2. COMMEND THEM
3. REVIEW PLAN INFORMATION WITH THE CLIENT
4. "I AM YOUR POLICY"
5. DON'T RUSH THIS MOMENT

# SALES PROCESS IN DETAIL

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## SUNDAY NIGHT

1. PRINT AND CUT ALL LEAD CARDS WHICH WERE RECEIVED BY PRIOR FRIDAY
2. KEY IN ALL LEAD CARDS IN GPS
  - A. SAVE EACH DESTINATION AS A FAVORITE
  - B. GPS WILL AUTOMATICALLY PLACE DESTINATIONS IN ORDER BY DISTANCE
3. FIND PO BOXES IN WHITE PAGES REVERSE PHONE LOOKUP
  - A. CALL HOME OFFICE FOR HELP
4. SEARCH FOR ROADS THAT COULD NOT BE FOUND IN GPS IN GOOGLE MAPS
5. BE MENTALLY PREPARED

## WEEKDAYS

### ARRIVING AT THE HOME

1. TAP HORN TO DRAW ATTENTION TO YOURSELF
2. GET OUT OF THE CAR
  - A. WHISTLE TO GRAB PET'S ATTENTION IN A NON-THREATENING MANNER
  - B. WAVE WITH **ONLY** THE LEAD CARDS IN YOUR HAND
3. AT THE DOOR
  - A. KNOCK, STEP BACK, AND LOOK UP TO SEND A POSITIVE MESSAGE
  - B. WHEN SHE OPENS THE DOOR, APOLOGIZE FOR COMING UNANNOUNCED
  - C. ASK IF SHE IS MRS. SMITH
  - D. LET HER KNOW WHO YOU ARE AND SHINE ID BADGE
  - E. TELL HER YOU RECEIVED THE CARD FROM SOMEONE IN HER HOUSEHOLD
  - F. APOLOGIZE AGAIN FOR ARRIVING UNANNOUNCED
4. SHE WILL ASK ABOUT THE CARD, "WHAT IS IT?"
5. RESPONSE:
  - A. **"THESE ARE THE PLANS THAT ALLOW YOU TO GET COVERAGE FOR BURIAL AND FINAL EXPENSES. THEY ENSURE YOUR FAMILY IS NOT LEFT WITH THE FINANCIAL BURDEN OR COST OF THE FUNERAL. IT ONLY TAKES A SECOND TO SEE IF YOU QUALIFY. I'LL GRAB THE INFORMATION AND LEAVE IT WITH YOU. IF IT'S SOMETHING THAT MAKES SENSE TO YOU, TAKE ADVANTAGE OF IT, IF NOT I'LL BOOGIE ON."**
  - B. FLIP THE CARDS, "I HAVE A NUMBER OF PEOPLE TO SEE IN THE AREA.
    - I. THEY WILL SAY "OK."
6. GO BACK TO YOUR CAR
  - A. GRAB YOUR KIT AND ENTER THE HOME.

## INSIDE THE HOME

1. TAKE CONTROL IMMEDIATELY
2. FIND A PLACE TO SIT – GRAB A CHAIR THAT'S NEXT TO HER
  - A. A KITCHEN CHAIR IS PREFERABLY
  - B. SIT IN FRONT OF HER IF POSSIBLE
3. IF THE TV IS TOO LOUD, ASK IF IT'S OK TO TURN IT DOWN/OFF
4. GO THROUGH CORE
  - A. **\*IF IT IS NOT NATURAL FOR YOU TO ASK OPEN-ENDED QUESTIONS, TRAIN YOURSELF SO IT BECOMES A NATURAL HABIT.\***
5. LOOK AT PICTURES ON THE WALL, COMPLIMENT HER ABOUT SOMETHING IN THE HOME.
6. ASK HER IF SHE IS ON A FIXED INCOME, AND AFTER CONFIRMATION, ASK
  - A. **"NOW MRS. SMITH, DOES YOUR CHECK GO TO THE MAIL, THE BANK, OR ON A GREEN CARD?"**
7. ASK HER WHAT SHE HAS IN PLACE FOR HER FINAL EXPENSES
  - A. GET AN IDEA WHY SHE MAILED IN THE CARD
8. ASK THE KNOCK-OUT HEALTH QUESTIONS
  - A. "HAVE YOU EVER HAD CANCER?"  
IF YES FIND OUT WHAT TYPE(S) OF CANCER
  - B. "DO YOU HAVE DIABETES?"  
IF YES ASK, "WHEN WERE YOU DIAGNOSED?"  
AND "DO YOU HAVE ANY COMPLICATIONS SUCH AS DIABETIC NEUROPATHY?"
  - C. "DO YOU HAVE ANY BREATHING PROBLEMS SUCH AS COPD, EMPHYSEMA, OR CHRONIC BRONCHITIS?"  
IF YES, ASK IF THEY USE A NEBULIZER, OXYGEN, OR HAND-HELD INHALERS.
  - D. "HAVE YOU HAD ANY HEART PROBLEMS SUCH AS A HEART ATTACK, STROKE, CHF, ETC.?"  
IF YES, ASK "WHEN WERE YOU DIAGNOSED?"  
AND "DO YOU TAKE ANY MEDICATIONS FOR THAT?"
    - I. A "YES" TO ANY OF THESE QUESTIONS PROVIDES AN UNDERSTANDING OF WHICH PRODUCT TO SHARE, LEVEL, MODIFIED, OR GUARANTEED ISSUE

## FINAL WISHES PLANNING GUIDE

1. LET HER KNOW YOU WANT TO GIVE HER A GIFT
  - A. CREATES RECIPROCITY
  - B. IT WILL HELP HER ORGANIZE HER FINAL WISHES SO HER FAMILY WON'T HAVE TO
2. GO THROUGH IT THOROUGHLY
  - A. LET HER KNOW YOU CAN HELP HER FILL IT OUT OR SHE CAN DO IT WITH HER LOVED ONES
  - B. TAKE YOUR TIME
  - C. BUILD EMOTION
3. AFTERWARDS, HAND IT TO HER

## FLIP CHART

1. AT THIS POINT YOU LET HER KNOW **"WHY YOU CAME HERE:"**
  - A. **"REQUIRED TO SHARE SOME INFORMATION"**
2. GO THROUGH FLIP CHART VERBATIM THROUGHOUT THE PROCESS
  - A. REPEATEDLY SAY **"IF YOU QUALIFY"**
3. AFTER THE LAST PAGE, SAY
  - A. **"NOW IT'S TIME TO FIND OUT WHERE THE RUBBER MEETS THE ROAD."**
4. ESTIMATE THE CLIENT'S FUTURE FUNERAL COST WITH PRICING SHEET
5. SHARE WITH HER THREE PRICES ON THE PITCH PAD
6. HAND THEM THE PITCH PAD AND SAY
  - A. **"IN ORDER TO ENSURE THESE NUMBERS ARE TRUE-TO-FORM, I NEED TO ASK YOU SOME HEALTH QUESTIONS."**

## APP AND PHONE HEALTH INTERVIEW

1. AS YOU ASK THE HEALTH QUESTIONS, MARK OFF HER ANSWERS
  - A. **SUBLIMINALLY THEY ARE SAYING YES**
  - B. AFTER ALL THE QUESTIONS HAVE BEEN ANSWERED SAY
    - I. **"IT LOOKS LIKE YOU QUALIFY FOR THE \_\_\_\_\_ PLAN."**
    - C. **"IN ORDER TO DETERMINE IF THIS IS TRUE, WE NEED TO CALL IT IN."**
2. EXPLAIN HOW THE PHONE INTERVIEW WORKS
3. PRESCRIPTION CHECK
4. SIGN FRAUD STATEMENT AND MEDICAL AUTHORIZATION PRIOR TO INTERVIEW
  - A. EXPLAIN WHAT THEY MEAN
5. PREPARE CLIENT FOR CALL
  - A. \*LET HER KNOW IT IS OK IF SHE DOESN'T KNOW ALL OF THE PRESCRIPTIONS THAT WILL BE ASKED ON THE INTERVIEW, AND SHE CAN ASK
    - I. **WHAT** THE PRESCRIPTION IS USED FOR
    - II. **WHICH** DOCTOR GAVE IT TO HER
    - III. **WHEN** WAS IT LAST FILLED
6. MAKE THE CALL TO THE INTERVIEW COMPANY

## CLOSING AND COOL DOWN

1. AFTER THE CALL
2. ONCE SHE IS APPROVED, BECOME VERY EXCITED
3. LET HER KNOW THE DECISION IS LOCKED IN AND THEIR FUTURE HEALTH CANNOT CHANGE THE OUTCOME.
  - A. CALL HAS BEEN RECORDED, DATED, TIMED, AND STAMPED
4. READ THEM THE "I AM YOUR POLICY"
5. LEAVE THE HOME

# TRANSITIONS

1. FROM CORE TO FINAL WISHES PLANNING GUIDE
  - A. **"BEFORE WE GO OVER THE INFORMATION, HERE IS A GIFT FROM ME TO YOU."**
2. FROM FINAL WISHES PLANNING GUIDE TO FLIPCHART
  - A. **"I AM REQUIRED TO SHARE SOME INFORMATION WITH YOU..."**
3. FROM FLIPCHART TO PITCH PAD
  - A. **"NOW LET FIND OUT WHERE THE RUBBER MEETS THE ROAD..."**
4. FROM DIGNITY TO MEDICAL QUESTIONS
  - A. **"IN ORDER TO MAKE SURE THOSE PRICES WILL HOLD TRUE I NEED TO ASK YOU A FEW HEALTH QUESTIONS. LET'S SEE IF YOU WOULD QUALIFY..."**
5. FROM MEDICAL QUESTIONS TO PAGE 1 OF APPLICATION
  - A. **"SO WHO WILL BE YOUR PRIMARY BENEFICIARY..."** MOVE INTO THE REST OF THE APPLICATION IN PROPER ORDER!

# HANDLING OBJECTIONS

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## **"I WANT TO THINK ABOUT IT"**

*IT MEANS, "I NEED MORE INFO."*

- ✓ *"I KNOW YOU'VE ALREADY BEEN THINKING ABOUT IT."  
UTILIZE FEEL/FELT/FOUND*

## **"I NEED TO ASK MY KIDS ABOUT IT"**

- ✓ *"I'M GLAD YOU HAVE SOMEONE AROUND TO HELP YOU. LET'S GO AHEAD AND GET HER ON THE PHONE.  
SHE MAY HAVE QUESTIONS ABOUT YOUR POLICY."  
TO KID: EXPLAIN WHAT YOU'RE DOING.  
"YOUR MOM/DAD LISTED YOU AS THE BENEFICIARY."*
- ✓ *"I KNEW SO-AND-SO DOWN IN SO-AND-SO AND SHE DIDN'T WANT HER DAUGHTER TO KNOW SHE DIDN'T HAVE COVERAGE."*
- ✓ *"GREAT, CALL HER. HERE'S WHAT I WANT YOU TO SAY: 'HEY KELLY, I NEED YOU TO WRITE ME A CHECK FOR \$10-15,000, AND I NEED IT IN 2-3 DAYS, AND I CAN'T PAY YOU BACK.'" "BY TAKING ONE OF THESE PLANS, THEY WILL ALWAYS HAVE IT."*
- ✓ *"WHAT WE'VE DETERMINED OVER THE YEARS IS LIFE INSURANCE IS BEST DECIDED BY THE INSURED. IT'S YOUR DECISION."*
- ✓ *"IS THERE ANYTHING THAT YOUR DAUGHTER WOULD RATHER SPEND HER MONEY ON? HER KIDS, YOUR GRANDKIDS?"*
- ✓ *"SINCE SHE IS THE BENEFICIARY, IS THERE ANY REASON WHY SHE WOULD SAY NO?"*
- ✓ *"ON THE WORST DAY OF YOUR DAUGHTER'S LIFE, SHE IS GOING TO CALL HER FRIENDS AND FAMILY. THEY'RE GOING TO SEND FLOWERS, I'M GOING TO SEND A BIG CHECK."*

## **"IT IS TOO EXPENSIVE, I CAN'T AFFORD IT"**

- ✓ *"IT'S NOT EXPENSIVE COMPARED TO WHAT YOU RECEIVE."*
- ✓ *"AT FIRST LOOK, IT MAY SEEM THAT WAY. HOWEVER, ON CLOSER LOOK, IT'S EASIER TO COME UP WITH A FEW DOLLARS A DAY THAN YOUR KIDS COUGHING UP \$15,000."*
- ✓ *"I UNDERSTAND YOU'RE ON A FIXED INCOME AND YOU HAVE TO BE CAREFUL HOW YOU BUDGET. BUT SINCE YOU ARE ON A FIXED INCOME, CAN YOU AFFORD TO PAY FOR YOUR SPOUSE'S FUNERAL?"*

## **"I ALREADY HAVE INSURANCE"**

*KEEP DIGGING, THEY'RE ALREADY BUYERS*

- ✓ *"HAVE YOU EVER BEEN TO A FUNERAL AND HEAR THE FAMILIES SAY 'MAMA HAD TOO MUCH INSURANCE?'"*

## **"I DON'T WANT THE BANK MAKING THE PAYMENT FOR ME"**

- ✓ *"THAT'S OK, I'LL TAKE A FULL YEAR'S PREMIUM RIGHT NOW."  
EXPLAIN WHY HAVING THE BANK DRAFT OUT IS IMPORTANT.  
IF THE PREMIUM LAPSES WHEN MOM NEEDS IT MOST, THAT WOULD BE TERRIBLE.*

## **"THE VA IS GOING TO BURY ME"**

- ✓ *"THE VA WILL ONLY PROVIDE FOR A VETERAN, A PLOT, MARKER, AND ON OCCASION A VAULT OR CONTAINER."     **VA DOES NOT PAY FOR FUNERAL EXPENSES.***

# INSURANCE COMPANY PHONE NUMBERS

AAA LIFE	1-800-228-9999	LIBERTY LIFE	1-800-378-2356
AARP / NEW YORK LIFE	OR 1-800-578-5877	LIBERTY NATIONAL LIFE	205-325-4979
	1-800-695-5164	LINCOLN HERITAGE	1-800-433-8181
	OR 1-800-695-9873	LINCOLN LIFE	1-800-457-6265
AIG / AMERICAN GENERAL	1-800-487-5433	MET LIFE	1-800-638-5433
	OR 1-800-346-7692	MIDLAND NATIONAL	1-800-923-3223
ALLIANZ	1-800-328-5600	MODERN WOODMEN	1-800-447-9811
AMERICAN FOUNDERS	1-800-531-5007	MONUMENTAL LIFE	1-800-638-3080
AMER. FOUN. LIFE/FIRST WESTERN	1-800-531-5067	MUTUAL OF OMAHA	1-800-228-9999
AMERICAN INCOME LIFE	1-800-433-3405	NEW YORK LIFE	1-800-695-1314
AMERICAN MEMORIAL	1-800-843-8810	NORTHWEST LIFE	1-888-409-8831
AMERICAN NATIONAL	1-800-899-6806	OLD AMERICAN	1-800-733-6242
AMERICAN REPUBLIC	1-800-691-0366	OLD LINE LIFE	1-800-572-5848
AMERICO	1-800-259-2328	OLD RELIANCE	602-257-1315
ASSURITY LIFE	1-800-276-7619	OZARK NATIONAL LIFE	816-842-6300
BALTIMORE LIFE	1-800-638-543	PENN LIFE	1-800-275-7366
BANKERS LIFE	1-800-621-3724	PEOPLES BENEFIT LIFE	1-800-523-7900
CENTRAL SECURITY LIFE		PERA	1-800-759-7372
CENTRAL STATES	1-800-541-2363	PFL	1-800-238-4302
CNA	1-800-437-8854	PHYSICIANS LIFE	1-800-228-9100
COLONIAL LIFE / COLONIAL PENN	1-800-523-9100	PIONEER LIFE	1-800-759-7007
COLUMBIA UNIVERSAL	1-800-880-1370	PRESIDENTIAL	1-800-926-7599
COMBINED LIFE	1-800-225-4500	PRIMERICA	1-800-257-4725
CONSECO	1-800-888-4918	PRUDENTIAL	1-800-778-2255
CUNA MUTUAL	1-800-356-2644	PYRAMID	1-800-444-0321
EQUITABLE LIFE	1-800-352-5150	REASSURE	1-800-678-6227
FARMERS NEW WORLD LIFE	206-232-8400	SENTINEL	1-800-484-8514
FORETHOUGHT	1-800-957-6886	SETTLERS LIFE	1-800-877-6191
FORTS	1-800-835-8953	SOUTHWEST LIFE	1-800-792-4368
GERBER LIFE	1-800-253-3074	SOUTHWESTERN GENERAL	1-866-629-2677
GLOBE LIFE	1-800-654-5433	STANDARD LIFE INS	1-800-222-3216
GREAT WESTERN	1-800-621-5688	STATE FARM	1-877-213-0756
GUARANTEE LIFE	1-800-338-7452	SURETY LIFE	1-800-667-7789
GUARANTEE RESERVE	1-800-323-8764	THE RELIABLE CO	1-800-325-9555
GUARDIAN LIFE	1-800-444-6445	TRANSAMERICA	1-800-238-4302
HOLY FAMILY SOCIETY	1-800-435-0089	TRUSTMARK	1-800-235-4265
HOMESTEADERS LIFE	1-800-777-3633	ULLICO	1-800-429-2725
HOWARD LIFE		UNION FIDELITY LIFE	1-800-523-5758
INVESTORS GUARANTY	1-877-274-7779	UNITED AMERICAN	1-800-925-7355
JACKSON NATIONAL LIFE	1-800-873-5654	UNITED HERITAGE	1-800-657-6351
JC PENNY / STONEBRIDGE LIFE	1-800-527-5433	UNITED INS CO OF AMERICA	1-800-777-8467
	OR 1-800-527-9033	VETERANS LIFE	1-800-872-8387
JOHN HANCOCK	1-800-732-5543	WASHINGTON MUTUAL	1-800-866-9722
KANSAS CITY LIFE	1-800-821-6164	WASHINGTON NATIONAL	1-800-866-9922
KENTUCKY CENTRAL LIFE	859-253-5082	WEST COAST LIFE	1-800-366-9378
KNIGHTS OF COLUMBUS	1-800-345-5632	WESTERN RESERVE	1-800-438-7180

## OTHER PHONE NUMBERS

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# QUESTION & ANSWER

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# IN STATE LICENSING APPLICANT

## Texas Department of Insurance

This document is your *FAST Fingerprint Pass* for a state and national criminal history record check. Please schedule a fingerprint appointment by visiting <http://www.identogo.com> or by calling 1-888-467-2080. **When scheduling an appointment you will be prompted by Identogo for the following additional personal data: Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color, Hair Color, Place of Birth and Home Address. During your Fingerprint appointment you will also be prompted for Social Security Number and Driver License Number. Requested data is required by the Texas Department of Public Safety to process your background check.** These data elements have been omitted from this document in order to better protect the security of your

personal information. You may pay for *FAST* services online with a credit card or onsite with a check or money order only. Your fingerprints will be submitted to the Texas Department of Public Safety and the Federal Bureau of Investigation.

1. Logon to <http://www.identogo.com>
2. Select: **Texas**
3. Select: **Online Scheduling**
4. Select: **English or Espanol**
5. Enter: **First and Last Name**
6. Select: **Insurance Licensing**
7. Follow the prompts to enter requested information.
8. Bring this completed form with you to your appointment.

### Section One: Qualified Entity Information

ORI#: TX920540Z RFP: Government Code 411.106 Original TCN: \_\_\_\_\_  
(If resubmission for rejected fingerprints)

Agency/Entity/Organization Name: Texas Department of Insurance

### Section Two: Applicant Name (To be completed by applicant)

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
(Please print) (Please print) (Please print)

### Section Three: Waiver Information (To be completed and signed by applicant)

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy. I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Federal Privacy Act (5USC 552a(b)). I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section Four: Service Center Information (To be completed by FAST Enrollment Agent)

Date Prints Taken \_\_\_\_\_ Amount Charged For Service: \$39.75

Paid by:  Check  Money Order  Visa  MasterCard  Billing Acct \_\_\_\_\_

TCN: \_\_\_\_\_

I HAVE COMPARED THE GOVERNMENT-ISSUED IDENTIFICATION PRESENTED BY THE APPLICANT AND ATTEST THAT TO MY BEST DETERMINATION, I HAVE FINGERPRINTED THE SAME PERSON.

E.A. Name: \_\_\_\_\_ E.A. Signature: \_\_\_\_\_  
(Please print)

Revised 10/2015