Accidental Death & Dismemberment Lead System through The Insurance Group and American Amicable Ask how would you use a **FREE** \$1,000 Life Insurance policy to help in your business?

- Could you use it to help retain more business/clients?
- Could you use it as a gift for someone wanting a free quote?
- Could you use it as a gift for someone to take a planning survey?
- Could you use it as a reason to call your clients and ask if they were ready to do an annual policy review?
- Could you use it to help ask for referrals?
- Could you use it as a tool for prospecting?
- Could you use it to advertise for leads?
- Could you use it in a mailer to get the phone to ring?
- Could you use it to offer an additional \$100,000 A.D. policy for less than \$22 a month?

Now you can offer your clients/prospects a FREE \$1,000 Accidental Death and Dismemberment policy at No Cost to you or the insured! All you have to do is get contracted with American Amicable through **The Insurance Group**, then submit a simple 1-page application! Shortly thereafter, you will receive a PDF policy in your e-mail for you to print out and deliver to your client!

Not available in NH, & NJ.

What is Being Offered?

- Accidental Death and Dismemberment (AD&D) coverage available at **NO COST.**
- Available in amounts ranging from \$1,000 to \$5,000
- Simple, One-Page application process (NO UNDERWRITING)
- Issue Ages 18 to 85
- Coverage lasts for one year and can be renewed with completion of a new application
- Provides a low cost, effective lead system to the agent

Who Pays For The Coverage?

- The Agent's account with American Amicable will be charged for the cost of the AD&D coverage, based on the following schedule:
 - \$1,000 no cost
 - \$2,000 cost is \$.50
 - \$3,000 cost is \$1.00
 - \$4,000 cost is \$1.50
 - \$5,000 cost is \$2.00
- The client is not charged any amount.

How Does the Application Process Work?

AD&D policies are issued through The Insurance Group and not by the Home Office.

- Agent has the applicant complete and sign the application form 9433.
- The agent sends the completed app to the The Insurance Group office via fax (972-484-7036), or mail, or Scans and e mails to: marketing@theinsgroup.net.
- Once received, TIG will data enter the application information into the on-line application.
- The finished policy will be **e mailed** to the agent for delivery.

AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS P.O. BOX 2549, WACO, TEXAS 76702-2549

APPLICATION FOR INDIVIDUAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

1. Proposed Insured		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
(first, middle, last name)								
2. Address: Street	City	StateZip)					
3. Phone ()	E-mail Address@							
4. Age 5. Date of Birth	6. SS	5#						
7. Occupation (Duties)								
8. Primary Beneficiary	Relatio	nship						
Address								
Contingent Beneficiary	Relatio	nship						
Address								
9. Accidental Death Benefit Amount	\$ Pr	emium \$						
10. Mode: Payroll Deduction	Bi-Weekly Allotment	Bank Draft	Other					
Signed at	Date of Application_							
AgentSignature	No.:							
Signature	1	Signature of Proposed Ins	ured					

Δmo	rican Amica	AD&D Individual H		Occidental	
State / Territory	Approved		State / Territory	Approved	Notes
Alabama	Yes	Approved	Alabama	Yes	Approved
Alaska	Yes	Approved	Alaska	Yes	Approved
Arizona	Yes	Approved	Arizona	Yes	Approved
Arkansas	Yes	Approved	Arkansas	Yes	Approved
California	Yes	Approved	Californía	No	, (pp:0400
Colorado	Yes	Approved	Colorado	Yes	Approved
Connecticut	Yes	Approved	Connecticut	Yes	Approved
Delaware	Yes	Approved	Delaware	Yes	Approved
District of Columbia	Yes	Approved	District of Columbia	Yes	Approved
Florida	No	Withdrawn	Florida	Yes	Approved
	Yes	Approved	Georgia	Yes	Approved
Georgia	Yes	Approved	Hawaii	Yes	Approved
Hawaii	Yes	Approved	Idaho		Approved
Idaho		Approved		Yes	
Illinois	Yes	· · · · · · · · · · · · · · · · · · ·	Illinois	Yes	Approved
Indiana	Yes	Approved	Indiana	No	Approved
lowa	N/L	Approved	lowa	Yes	Approved
Kansas	Yes	Approved	Kansas	Yes	Approved
Kentucky	Yes	Approved	Kentucky	Yes	Approved
Louisiana	Yes	Approved	Louisiana	Yes	Approved
Maine	No	Not Filed	Maine	No	Not Filed
Maryland	Yes	Approved	Maryland	Yes	Approved
Massachusetts	No	N/L	Massachusetts	Yes	Approved
Michigan	No	N/L	Michigan	Yes	Approved
Minnesota	Yes	Approved	Minnesota	No	
Mississippi	Yes	Approved	Mississippi	Yes	Approved
Missouri	Yes	Approved	Missouri	Yes	Approved
Montana	Yes	Approved	Montana	Yes	Approved
Nebraska	Yes	Approved	Nebraska	Yes	Approved
Nevada	Yes	Approved	Nevada	Yes	Approved
New Hampshire	No	N/L	New Hampshire	No	No new business
New Jersey	No	N/L	New Jersey	No	N/L for Health
New Mexico	Yes	Approved	New Mexico	Yes	Approved
North Carolina	Yes	Approved	North Carolina	Yes	Approved
North Dakota	Yes	Approved	North Dakota	Yes	Approved
Ohio	Yes	Approved	Ohio	Yes	Approved
Oklahoma	Yes	Approved	Oklahoma	Yes	Approved
Oregon	Yes	Approved	Oregon	Yes	Approved
Pennsylvania	Yes	Approved	Pennsylvania	Yes	Approved
Rhode Island	No	N/L	Rhode Island	Yes	Approved
South Carolina	Yes	Approved	South Carolina	Yes	Approved
South Dakota	Yes	Approved	South Dakota	Yes	Approved
Tennessee	Yes	Approved	Tennessee	Yes	Approved
Texas	Yes	Approved	Texas	Yes	Approved
Utah	No	N/L for Health in AA	Utah	Yes	Approved
Vermont	No	N/L	Vermont	Yes	Approved
Virginia	Yes	Approved	Virginia	Yes	Approved
Washington	No	N/L for Health in AA	Washington	Yes	Approved
West Virginia	No Yes	N/L for Health in AA Approved	Washington West Virginia	Yes Yes	Approved

AD&D Individual Policy Appovals

OCCIDENTAL LIFE INSURANCE COMPANY OF NORTH CAROLINA AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS (PLEASE CHECK ONE OF THE ABOVE)

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

THIS CERTIFICATE ENTITLES THE INDIVIDUAL LISTED BELOW TO A FULL YEAR'S

OF AD&D INSURANCE AT NO COST: COVERAGE OF \$

APPLICANT'S NAME

A POLICY CONTRACT (FORM NO. 9428) WILL BE MAILED TO YOU SHORTLY TO APPLY FOR THIS COVERAGE, SIMPLY COMPLETE THE APPLICATION.

WHICH WILL PROVIDE COMPLETED DETAILS OF YOUR AD&D COVERAGE.

OCCIDENTAL LIFE INSURANCE COMPANY OF NORTH CAROLINA

AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS **UNDERWRITTEN BY:**

Form No. 9850

EACH INSURER HAS SOLE FINANCIAL RESPONSIBILITY FOR ITS OWN PRODUCTS.

CN9-044

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		G	ift Ce	rtificate				
				or				
			IP to	\$5,000	"Faithful Protection"			
	Acci	dental Dea	nth & Dis	memberment	Coverage			
	American-Amicable Life Insurance Company of Texas P.O. Box 2549 • Waco, TX 76702							
	Death and Disme	titles the individua mberment policy a extra \$1,000 of co	t no cost, with o	o obtain a full year's covera ur compliments. Just refer v	ge up to \$5,000 Accidental p to 5 friends and for each			
				ng to number of referrals: 3,000 □\$4,000 □\$5,0				
	Name			Primary Beneficiary's N	lame			
	Street Address		· · · · · · · · · · · · · · · · · · ·	Relationship to Insured				
	City	State	Zip Code	Contingent Beneficiary'	's Name			
	Date of Birth			Relationship to Insured				
	Agent Name			Agent Phone No.				
AA9951(1(V/11)					CN11-074		

Name				Primary Beneficiary's Na	ime			
Social Sec	arity No.	· · · · · · · · · · · · · · · · · · ·		Relationship to Insured				
Street Add	ress		······	Primary Beneficiary's Ad	ldress			
City	18 - 1-17 - 17 - 17 - 17 - 17 - 17 - 17 -	State Z	Cip Code	Contingent Beneficary's	Name	· · · · · · · · · · · · · · · · · · ·		
Home Pho	ne		N.	Relationship to Insured				
Date of Bi	rth			Contingent Beneficary's	Address			

12

Agent's Signature

Check amount according to number of referrals:

Agent No.

Date of Application

□\$1,000 □\$2,000 □\$3,000 □\$4,000 □\$5,000