

MARKETING FINANCIAL

SELECTIVE SETTLEMENTS INTERNATIONAL

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2960 E. Battlefield, Springfield, MO. 65804

CLAIMANT (1) _____ **(2)** _____
NAME

Male/Female DOB: _____ Age: _____ Male/Female DOB: _____ Age: _____

Date of Loss: _____ State: _____ Medicals/Reduced Life Expectancy: Yes No

Work Comp: Yes No Injury: _____ Co-Broker Name: _____

Assignment: Yes No Type of Case: _____ Company: _____

In Litigation: Yes No Trial/Conference Date: _____ Phone: _____

Fax: _____

DEFENDANT/ INSURED: _____

INSURER: _____

OFFICE: _____

Contact: _____ Phone: _____

Address: _____ Fax: _____

_____ Claim No. _____

_____ E-Mail _____

DEFENSE ATTORNEY: _____ Phone: _____

Firm: _____ Fax: _____

Address: _____ File No: _____

_____ Assistant/Paralegal _____

E-Mail _____ E-Mail _____

PLAINTIFF ATTORNEY: _____ Phone: _____

Firm: _____ Fax: _____

Address: _____ File No. _____

_____ Assistant/Paralegal _____

E-Mail _____ E-Mail _____

WORKERS COMPENSATION CASES: Weekly Disability Rate: _____ **Reserve:** _____

Are Medicare/Medicaid benefits being received or anticipated within 30 months of settlement? Yes / No

NOTES: _____

QUOTE REQUEST

(Please check one)

Any Life Company

Total Annuity Cost \$ _____

Possible Funding Date: _____

A+ or better

Possible Start Date: _____

(Must be at least 1 month from funding date)

Any other life company restrictions _____

Benefits Requested: _____
