Fidelity Financial Group

NATIONAL WHOLESALER

INDUSTRY LEADING COMPENSATION, SALES, & SERVICE

eSubmissions

AGENT NAME:_____

DATE SUBMITTED : _____

CLIENT NAME : _____

POLICY # (IF KNOWN) :_____

DOB : _____ SSN : _____

ADDRESS : _____

CARRIER : _____

PRODUCT : _____

FACE AMOUNT : _____

EXPECTED PREMIUM: _____ PAYMENT MODE: _____

CASH WITH APP : _____ AMOUNT : _____

HAS THE EXAM BEEN ORDERED : _____

PARAMED CO. NAME : _____

- PLEASE NOTE THAT FOR NORTH AMERICAN THE ONLY APPROVED PARAMED COMPANIES ARE APPS/PORTAMEDIC (APPS/Portamedic is state specific and if provided with the city, state and zip code I will be happy to provide the correct number if requested.) AND SUPERIOR MOBILE MEDICS (800-898-3926).