



Get In Touch

800-626-5888 or 502-583-5527
email@shawamerican.com

Shaw Assist Quick Ticket

Client Information

Name: _____ Gender: _____ Cell Number: _____-_____-_____

Date Of Birth: _____ State: _____ Email: _____

Carrier: _____ Face Amount: \$ _____

Term Length or other Plan of Insurance: _____

Risk Class: _____

Additional Information:

(For instance, I prefer Vive or DocuSign, I'd like for you to ask client to bind coverage, include riders, rate class applied for, underwriting issues, date to save age, associated proposed insured, etc.)

Shaw Assist Phone Interview Appointment

Monday-Friday 9:00 a.m.-4:30 p.m. ET

Date: _____ Time: _____

Due to the high demand for this service, Shaw American will only call your client once. If the client is not available, we will contact you so that you may reschedule the appointment.

The advisor agrees to be available during the interview in case the client has a question. Advisor's initials _____

Advisor Information

Name: _____

For Agent's Report: How long have you known the client? _____

If you need assistance completing your carrier contracting, when is the best time to call you?

Date: _____ Time: _____

If you are a new advisor or your contact information has changed, please complete the following:

Cell Number: _____ - _____ - _____ Email: _____

Last Four Digits SSN: _____