



AMERICAN CONTINENTAL INSURANCE COMPANY

101 CONTINENTAL PLACE • BRENTWOOD, TENNESSEE 37027 • PHONE (615) 377-1300

DATE _____

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

PHONE NUMBER _____ STATE SUPPLIES REQUESTED _____

E-MAIL ADDRESS _____

INSTRUCTIONS FOR ORDERING SUPPLIES:
 Be specific as to **QUANTITY** and **DESCRIPTION**.
 If articles cannot be clearly identified, attach sample.
 One item per line.
 Must use street address, **NOT a P. O. Box**
 (UPS cannot deliver to P.O. Box)
ORDERS CANNOT BE FILLED PROMPTLY UNLESS REQUISITION IS COMPLETED PROPERLY.
NOTE: MAKE COPY FOR YOUR RECORDS. SEND ALL ORDERS TO MARKETING FOR PROCESSING, OR FAX TO 615-377-1369 OR E-MAIL INFO@AMCONINS.COM

AGENTS SUPPLYING E-MAIL ADDRESS WILL BE NOTIFIED WHEN SUPPLIES ARE SHIPPED BY U.P.S.

Writing Number:	Financial Number:
-----------------	-------------------

HEALTH PLANS

AAI MEDICARE SUPPLEMENT

QUANTITY	DESCRIPTION
	Brochure (AC00006)
	Application (AC00002)
	Outline of Coverage (AC00001)
	Replacement Form (AC00003)
	Premium Rates (AC00015)

LIFE PLANS

QUANTITY	DESCRIPTION
E-Z LIFE (EZL)	
	Brochure / Rates / Application (AC00015)
FUTURE EXECUTIVE (JUVLIFE)	
	Brochure / Rates / Application (AC00020)
GOLDEN CHOICES (GCL or GCG)	
	Brochure / Rates / Application
MISCELLANEOUS LIFE FORMS	
	Life Replacement

OTHER FORMS

QUANTITY	DESCRIPTION
	New Business Transmittal (white)
	Advance Transmittal (green)
	Supply Requisition Form
	Bank Draft Authorization
	New Business Envelope
	HIPAA Form
	NAIC Guide to Medicare

Non-duplication forms, where required, will be shipped with all orders.

Life Insurance Buyer's Guide is included with all life supply orders.

COMMENTS:
