INSURANCE ADVISORY & ADVOCACY CLIENT INTAKE QUESTIONNAIRE:

HAVING A CLAIM PROBLEM? Insurance policies and appeals have strict deadlines. Before you sign a release, accept a final payment, or give a recorded statement or examination under oath, contact us.

CONFIDENTIAL. Syndicate's Insurance Advisory Division reviews insurance policies BEFORE you buy them. Our Insurance Advocacy Division assists policyholders when an insurer delays, underpays, or denies a claim, or otherwise fails to act in good faith. Complete Parts 1 and 8 plus the Parts that apply to you. If a question does not apply, write "N/A." If unknown, write "Unknown." Policy and claim numbers: last 4 digits only.

NAME OF THE CLIENT:

Client type:

[__] Individual policyholder [__] Beneficiary [__] Business (entity)

[__] Full Legal Name / Business Name: _____

Contact person & title (if business): _____ Syndicate Plan Member ID: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Preferred method of contact:

[__] Phone [__] Text [__] Email

PART 1 — HOW CAN WE HELP?

1.1 Check all that apply:

[__] ADVISORY — Review a policy before I buy it → Part 2

[__] ADVISORY — Review a policy I already have → Part 2

[__] ADVOCACY — Claim denied, delayed, or underpaid → Parts 3–7

[__] ADVOCACY — Policy cancelled, rescinded, or not renewed → Parts 3–7

[__] ADVOCACY — Insurer refusing to defend me in a lawsuit → Parts 3–7

[__] ADVOCACY — Life insurance / annuity benefits not paid → Parts 3–7

[__] Premium or billing dispute

[__] Not sure — need advice

1.2 Type of insurance involved:

[__] Life [__] Health [__] Disability

[__] Long-term care [__] Annuity [__] Auto

[__] Homeowners / renters [__] Earthquake / flood [__] Commercial / business

[__] Burial / final expense [__] Umbrella [__] Other

1.3 Deadline (purchase date, appeal date, suit deadline): _____

Syndicate Subscription Legal Plans

PART 2 — ADVISORY: POLICY REVIEW

2.1 Insurance company: _____ Policy / product name: _____

2.2 Agent / broker name: _____ License No.: _____

2.3 Coverage amount / limits: $ _____ Deductible: $ _____

2.4 Premium: $ _____ per _____ Term / length: _____

2.5 What do you need this insurance to do for you or your family / business? _____

_____

_____

2.6 Will this policy replace or be funded by an existing policy or annuity? [__] Yes [__] No

If yes, explain: _____

_____

Replacing an existing life policy or annuity can trigger surrender charges, a new contestability period, or loss of benefits. Review before cancelling any existing coverage.

2.7 Concerns you want us to review:

- [__] Exclusions / what is NOT covered
- [__] Surrender charges / penalties
- [__] Premium increases over time
- [__] Pre-existing condition limits
- [__] Commissions & fees
- [__] Replacement cost vs. actual cash value
- [__] Riders & optional coverage
- [__] Waiting / elimination periods
- [__] Beneficiary designations
- [__] Cancellation / free-look period

2.8 Were you pressured to buy quickly, or promised returns or benefits not in writing? [__] Yes [__] No

If yes, explain: _____

_____

PART 3 — ADVOCACY: THE POLICY

3.1 Insurance company: _____ Policy No. (last 4): _____

3.2 Named insured(s): _____

3.3 Policy period: _____ Agent / broker: _____

3.4 Coverage limits: $ _____ Deductible: $ _____

3.5 Were premiums paid and current at the time of the loss? [__] Yes [__] No

3.6 Do you have a full copy of the policy and endorsements? [__] Yes [__] No

PART 4 — ADVOCACY: THE CLAIM

4.1 Date of loss / event: _____ Date claim reported: _____

4.2 Claim No. (last 4): _____ Adjuster name / phone: _____

4.3 What happened (the loss, illness, accident, death, or lawsuit)? _____

_____

_____

4.4 Amount claimed: $ _____ Amount paid: $ _____ Disputed: $ _____

4.5 Status:

[__] Denied
[__] Partially paid / underpaid
[__] Delayed / no decision
[__] Coverage rescinded
[__] Policy cancelled
[__] Not renewed
[__] Refused to defend / indemnify
[__] Appeal denied

4.6 Reason given by insurer: _____

4.7 Date of denial / decision letter: _____

4.8 Is this a claim against you by someone else (liability claim or lawsuit)? [__] Yes [__] No

If yes — has the insurer agreed to defend you? Case no. / court: _____

PART 5 — ADVOCACY: HOW THE INSURER HANDLED THE CLAIM

5.1 Check anything that applies:

[__] Unreasonable delay
[__] Failed to investigate properly
[__] Offered far less than the claim is worth
[__] Misrepresented what the policy covers
[__] Demanded unnecessary documents
[__] Did not explain the denial in writing
[__] Refused to defend me in a lawsuit
[__] Cancelled coverage after I made a claim
[__] Pressured me to accept a settlement
[__] Stopped responding / lost paperwork
[__] Denied based on a pre-existing condition
[__] Other

5.2 Describe the insurer's conduct (dates and names): _____

_____

_____

PART 6 — ADVOCACY: STEPS ALREADY TAKEN

6.1 Have you given a recorded statement or examination under oath? [__] Yes [__] No

6.2 Have you signed a release, proof of loss, or settlement agreement? [__] Yes [__] No

6.3 Have you filed an internal appeal with the insurer? [__] Yes [__] No

6.4 Filed a complaint with the Department of Insurance or other agency? [__] Yes [__] No

6.5 Have you hired a public adjuster, appraiser, or lawyer? [__] Yes [__] No

If yes, explain: _____

_____

6.6 Has appraisal or arbitration been demanded by either side? [__] Yes [__] No

Many policies require a lawsuit to be filed within a limited time after the loss (for example, one year for many property policies), although some deadlines may be extended. Tell us all key dates.

PART 7 — ADVOCACY: YOUR LOSSES

Loss	Amount $
Unpaid policy benefits	
Repair / replacement costs	
Additional living expenses	
Medical bills	
Lost income / business interruption	
Legal defense costs you paid	
Other out-of-pocket costs	

7.1 How has the insurer's conduct affected you and your family / business? _____

_____

PART 8 — GOALS, AUTHORIZATION & DOCUMENTS

8.1 What outcome do you want?

[__] Clear advice before buying a policy
[__] Coverage reinstated
[__] Compensation for bad faith
[__] Appraisal / mediation
[__] Claim paid in full
[__] Insurer defends me in a lawsuit
[__] File a regulatory complaint
[__] Negotiated settlement

Please provide copies of the following, if available. Check each item you are including.

[__] Policy / proposed policy & illustrations
[__] Application you signed
[__] Denial / decision letters
[__] Photos / estimates / invoices
[__] Premium payment records
[__] Declarations page & endorsements
[__] Claim forms & proof of loss
[__] Letters & emails with insurer
[__] Medical records & bills (health claims)
[__] Lawsuit papers (liability claims)

Syndicate Subscription Legal Plans

Authorization & Certification:

[__] I authorize Syndicate Subscription Legal Plans to communicate with my insurer, agent, broker, and the Department of Insurance regarding this matter.

I declare that the information provided in this questionnaire is true, correct, and complete to the best of my knowledge. I understand this information is provided to Syndicate Subscription Legal Plans in confidence for the purpose of evaluating my insurance matter.

Signed and dated this ____ day of _____, 20___

Signature: _____

Print Name: _____

Please Print and Email to STEVE@STEVEMUELLERLEGAL.COM, or save this document as a PDF and email to STEVE@STEVEMUELLERLEGAL.COM,
Your information will be reviewed within one hour.