

Get Acquainted with LifeSecure

E-signature Overview – Accident, Critical Illness, Hospital Recovery

E-Application – New Application

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New Application ←

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come to your Agent Portal

Choose from the images below to get started, or find what you need using the menu above at any time.

Have a question? [Email](#) or call our Agent Support team at **866.582.7701** or click Live Chat at the bottom of the screen to connect with us.

[Watch Video:](#) Get to know LifeSecure — see how we deliver a different kind of insurance experience.



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New Application – Accident, Critical Illness, Hospital Recovery

Application Type

This application is for:

- ☒ Individual
☐ Worksite & Association Client

Application Submission State

Please select the state in which you are completing and signing this application.
The applicant must be physically present in that state when signing the application.*

Michigan (MI) ▼

***Residents of New York:** LifeSecure is not able to accept applications from residents of the state of New York, regardless of where the application is being completed and signed.

Product Selection

Please select the product(s) for this application:

- ☒ Accident
☒ Critical Illness
☒ Hospital Recovery
☐ Long Term Care

Note: The Voice Authorization Signature is not available when selecting multiple products.
To use this signature type, please apply for each product individually.

Please click NEXT to begin your application → [Next](#)

New Application – Electronic Signature

Has the applicant ever applied for a LifeSecure policy?

☐ Yes ☒ No

Please Enter the applicant's Social Security Number or Other Identification Number:

333 - 55 - 7777

Please Enter the applicant's Date of Birth:

10 / 09 / 1970

Signature Type:


- ☒ **Electronic Signature** via an on-line application
- ☐ **Wet Signature** via a paper application which requires data entering
(also requires electronically uploading or faxing of entire paper application to underwriting at 866-582-7706)

Please click NEXT to begin your application → [Next](#)

Primary Application Information

Product Selection	Insurance Application	Previous	Next
Primary Applicant Information	Primary Applicant Information		
Coverage Selection - Accident	Application for: <input checked="" type="radio"/> New Coverage <input type="radio"/> Reinstatement <input type="radio"/> Increase of Benefits		
Coverage Selection - Critical Illness	<input checked="" type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Dr.		
Insurability Information - Critical Illness	MICHAEL DAUBS Name (First) (MI) (Last) (Suffix)		
Coverage Selection - Hospital Recovery	000 ARDMORE DR Street Address (P.O. Box Not Allowed)		
Existing Coverage and Replacement Question	Apt. #		
Premium Payment Authorization	Ferndale Michigan (MI) 48220 City State Zip Code		
Agent Information	10 / 09 / 1970 333 - 55 - 7777 810 - 927 - 7460 Date of Birth (mm/dd/yyyy) Social Security Number (or ITIN) Telephone		
Time to Sign - Agent	<input checked="" type="radio"/> Male <input type="radio"/> Female Height 5 ft. 7 in. Weight 180 lbs Gender		
	How would you like to receive your policy: <input type="radio"/> Paper copy via Mail <input checked="" type="radio"/> Electronic via E-mail		
	This option provides electronic access to your policy through your policyholder portal; portal access instructions sent by email upon issue.		
	mdaubenmeyer@yourlifefecure.com E-mail Address (required for Electronic policy delivery; cannot be the agent's e-mail address)		
	mdaubenmeyer@yourlifefecure.com Verify E-mail Address		
	Reset	Previous	Next

Time to Sign – E-Signature Selection

Application For: MICHAEL DAUBS	Insurance Application	Previous	Next
Product Selection	Time To Sign		
Primary Applicant Information			
Coverage Selection - Accident			
Coverage Selection - Critical Illness			
Insurability Information - Critical Illness	<p>Agent, at this point either elect to send a signature invitation to the applicant or turn screen control over to the Primary applicant for signatures.</p>		
Coverage Selection - Hospital Recovery	<p><input type="checkbox"/> I, the agent, certify that the <u>applicants</u> will be completing the applicants signature sections.</p>		
Medical Information - Hospital Recovery	<p>- OR -</p>		
Existing Coverage and Replacement Question	<p><input checked="" type="checkbox"/> Send signature invitations to the <u>applicants</u>. </p>		
Premium Payment Authorization			
Agent Information			
Time to Sign - Agent	Previous	Next	

Time to Sign – Agent

Application For: MICHAEL DAUBS	Insurance Application	Previous	Next
Product Selection	Time to Sign - Agent		
Primary Applicant Information			
Coverage Selection - Accident			
Coverage Selection - Critical Illness			
Insurability Information - Critical Illness			
Coverage Selection - Hospital Recovery			
Medical Information - Hospital Recovery			
Existing Coverage and Replacement Question			
Premium Payment Authorization			
Agent Information			
Time to Sign - Agent			
Time to Sign - Send Invite(s)			

✓ Application

Application

Agent's Statement and Signature


I, the agent, certify that the applicant has read, or I have read to the applicant, the completed Application. I also certify, to the best of my knowledge and belief, that the answers contained in this Application are true, complete and correctly recorded. I have advised the applicant that any false statement or misrepresentation in the Application may result in loss of coverage under the policy.


Please review/check each product and provide your signature.

Type It

Draw It

Agent Signature



Date: 12/01/2019 

Do you prefer to pick a future effective date? ☐ Yes ☒ No

Accident

☒ [Review Completed Application](#)

Critical Illness

☒ [Review Completed Application](#)

Hospital Recovery

☒ [Review Completed Application](#)

[Save](#)

[Reset](#)

[Previous](#)

[Next](#)

Time to Sign – Send Invite(s)

Application For: MICHAEL DAUBS	Insurance Application			
Product Selection	Time to Sign - Send Invite(s)			
Primary Applicant Information	<p>Agent, at this point please provide contact information to use for the applicants in sending invitations for signatures.</p> <p><i>(Email addresses cannot be the agent's email address)</i></p>			
Coverage Selection - Accident	Invite Type	Date Invited	Date Signed	Resend Invite
Coverage Selection - Critical Illness	<input checked="" type="checkbox"/> Email <input type="checkbox"/> SMS			
Insurability Information - Critical Illness	<input type="text" value="mdaubenmeyer@yourlifefecure.com"/>			<input type="checkbox"/>
Coverage Selection - Hospital Recovery	Applicant E-mail Address			
Medical Information - Hospital Recovery	<input type="checkbox"/> Email <input checked="" type="checkbox"/> SMS			
Existing Coverage and Replacement Question	<input type="text" value="810"/> - <input type="text" value="923"/> - <input type="text" value="7460"/>			<input type="checkbox"/>
Premium Payment Authorization	Spouse SMS Number			
Agent Information	<input type="button" value="Send Invitations"/>			
Time to Sign - Agent				
Time to Sign - Send Invite(s)				Reset

Time to Sign – Confirmation

Application For: MICHAEL DAUBS	Insurance Application			
Product Selection	Time to Sign - Send Invite(s)			
Primary Applicant Information	Agent, at this point please provide contact information to use for the applicants in sending invitations for signatures.			
Coverage Selection - Accident	(Email addresses cannot be the agent's email address)			
Coverage Selection - Critical Illness				
Insurability Information - Critical Illness				
Coverage Selection - Hospital Recovery				
Medical Information - Hospital Recovery				
Existing Coverage and Replacement Question				
Premium Payment Authorization				
Agent Information				
Time to Sign - Agent				
Time to Sign - Send Invite(s)				

Invite Type	Date Invited	Date Signed	Resend Invite
<input checked="" type="checkbox"/> Email <input type="checkbox"/> SMS			
mداubenmeyer@yourli	9/2019		<input type="checkbox"/>
Applicant E-mail Add	5 PM CT		
mداubenmeyer@yourli			
Verify E-mail Address			
<input type="checkbox"/> Email <input checked="" type="checkbox"/> SMS			
810 - 923 - 7460	9/2019		<input type="checkbox"/>
Spouse SMS Number	5:29 PM		
	5 PM CT		

The invitations to sign have been sent.

The application will be submitted once all signatures are collected.

Thank You!

Save & Exit Application Continue

Send Invitations

Reset

Time to Sign – Resend Invite

Application For: MICHAEL DAUBS	Insurance Application			
Product Selection	Time to Sign - Send Invite(s)			
Primary Applicant Information	<p>Agent, at this point please provide contact information to use for the applicants in sending invitations for signatures.</p> <p><i>(Email addresses cannot be the agent's email address)</i></p>			
Coverage Selection - Accident				
Coverage Selection - Critical Illness				
Insurability Information - Critical Illness				
Coverage Selection - Hospital Recovery				
Medical Information - Hospital Recovery				
Existing Coverage and Replacement Question				
Premium Payment Authorization				
Agent Information				
Time to Sign - Agent				
Time to Sign - Send Invite(s)				

Invite Type	Date Invited	Date Signed	Resend Invite
<input checked="" type="checkbox"/> Email <input type="checkbox"/> SMS mdaubenmeyer@yourlifefecure.com Applicant E-mail Address mdaubenmeyer@yourlifefecure.com Verify E-mail Address <input type="checkbox"/> Email <input checked="" type="checkbox"/> SMS	12/9/2019 3:05 PM CT		<input checked="" type="checkbox"/>
810 - 923 - 7460 Spouse SMS Number	12/9/2019 3:05:29 PM 3:05 PM CT		<input checked="" type="checkbox"/>

E-Applications – Saved Applications

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Current Status

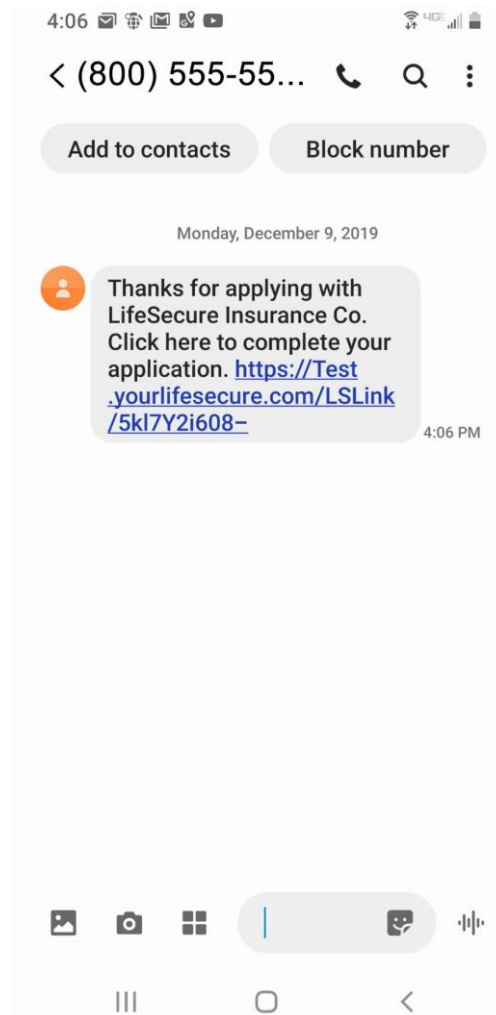
You have 142 incomplete applications on file. Incomplete applications will be available for 60 days from the date you started the application. After 60 days, you will need to start a new application. To review a completed online application, click on the PDF icon below within 7 days of submission. If the applicant is not listed, you may also locate the completed online application under Your Business and go to the policy detail section to download the PDF. Please call the Agent Support Care line at 1-866-582-7701 if you have any questions.

☒ Agent Applications
 ☐ Self-Serve Applications


Product: All
 Search:




Applicant	Date / Time Started	Resume at Section	Product
Mrs. JANET JANSEN	12/09/2019 05:13:26 PM	Signature Invitation(s) Sent	Personal Accident Critical Illness Hospital Recovery
Mr. JAVY BAEZ	12/09/2019 04:38:59 PM	Signature Invitation(s) Sent	Long Term Care
Mr. PRACTICE TODAY	12/09/2019 04:01:53 PM	Primary Applicant Information	Hospital Recovery Critical Illness
Mr. MICHAEL DAUBS	12/09/2019 02:01:24 PM	Signature Invitation(s) Sent	Critical Illness Hospital Recovery Personal Accident
Mr. TEE LAST	12/09/2019 09:04:20 AM	Agent Information	Critical Illness Hospital Recovery
Mr. ELINK CMB PR 4130 80	12/06/2019 11:01:42 AM	Submitted	Hospital Recovery Personal Accident Critical Illness
Mr. WRGWRG RWG	12/06/2019 09:03:59 AM	Signature Invitation(s) Sent	Long Term Care
Mr. SGGS GDSGSD	12/04/2019 02:17:53 PM	Coverage Selection - Hospital Recovery	Personal Accident Critical Illness Hospital Recovery
Mrs. SP 4106 80 SP LTC	12/04/2019 02:15:12 PM	Signature Invitation(s) Sent	Long Term Care
Mr. SP 4104 80 SP LTC	12/04/2019 02:06:04 PM	Applicant Information	Long Term Care
Mr. WRG WRG	12/04/2019 07:15:47 AM	Submitted	Long Term Care
Mr. WRG WWRG	12/03/2019 04:07:18 PM	Submitted	Long Term Care

SMS Sample – Signatures Needed



Applicants – E-Signatures – SMS

4:07 

 www.yourlifefecure.com  

Welcome to the LifeSecure Application Portal!

Please enter the following information to confirm your identify so we can direct you to your application.


Social Security Number or Other Identification Number:


- -




Date of Birth:

mm / dd / yyyy

[Next](#)



4:07 

 www.yourlifefecure.com  

Welcome to the LifeSecure Application Portal!

Please enter the following information to confirm your identify so we can direct you to your application.


Social Security Number or Other Identification Number:

222 - 44 - 6666

Date of Birth:



01 / 01 / 1980




[Next](#)



Time to Sign – Spouse / DP

4:09





Insurance Application

ATTENTION: We will process your application(s) once we receive your spouse's signature.

Time to Sign - MICHELLE DAUBS

NOTE: Clicking document(s) for review will open in new window. To return to signature process, close window.

Welcome

Thank you for applying for insurance coverage with LifeSecure!

Your application is currently pending until you review and provide your signature. *Please note: if you applied with your spouse, he or she is required to log in separately to also review and sign the application.*

The link that was provided via email or SMS text message is only valid for 15 days from the time it was sent. Please review your entire application, including all documents, links and tabs on this signature page. If you need to make any changes to your application or if your link to this signature page expires, please contact your sales agent.

Your signature, whether electronic or handwritten, represents your acknowledgement, acceptance and authorization that all information supplied here is true and complete to the best of your knowledge.

Next


Reset

Submit Signed Application

III

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 lifesecure

22

Time to Sign – Spouse / DP – Submit

4:10 [Email Icon] [App Icon] [Signal Icon] [Battery Icon]

🏠 www.yourlifesecondure.com [7] [Menu Icon]

Insurance Application

ATTENTION: We will process your application(s) once we receive your spouse's signature.

Time to Sign - MICHELLE DAUBS

NOTE: Clicking document(s) for review will open in new window. To return to signature process, close window.

Application

Spouse/Domestic Partner's Signature

I, the applicant, certify that I have read, or have had read to me, this completed Application(s). My signature below represents my understanding and acceptance of all statements in this Applicant Acknowledgements and Signatures Section, including the Fraud Warning. I approve all my answers as recorded in this Application(s).

I represent that I have signed the application in:
Brighton
City
Michigan (MI) ▾
State

Please review/check each product and provide your signature.

Type It **Draw It**

Michelle Daubs

Michelle Daubs

Critical Illness

☒ [Review Completed Application](#)

Hospital Recovery

☒ [Review Completed Application](#)

FRAUD WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

CAUTION: I understand that if any of my answers on this Application are incorrect or untrue, LifeSecure may have the right to deny benefits or rescind my policy.

All answers I have provided in this application are representations, not warranties.

[Previous](#)

Spouse / DP – E-Signature – Confirmation

4:10 [icons]

www.yourlifesecondure.com [7]

Insurance Application

ATTENTION: We will process your application(s) once we receive your spouse's signature.

Time to Sign - MICHELLE DAUBS

NOTE: Clicking document(s) for review will open in new window. To return to signature process, close window.

Application

Spouse/Domestic Partner's Signature

I, the applicant, certify that I have read, or have had read to me, this completed Application(s). My signature below represents my understanding and acceptance of all statements in this Applicant Acknowledgements and Signatures Section, including the Fraud Warning. I approve all my answers as recorded in this Application(s).

I represent that I have signed the application in:

Brighton
City
Michigan (MI) ▼
State

Please review/check each product and provide your signature.

Type It Draw It

Michelle Daubs

Michelle Daubs

Critical Illness

Thank you for signing your application(s). We will process your application(s) once we receive your spouse's signature.

OK

[Review Completed Application](#)

FRAUD WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

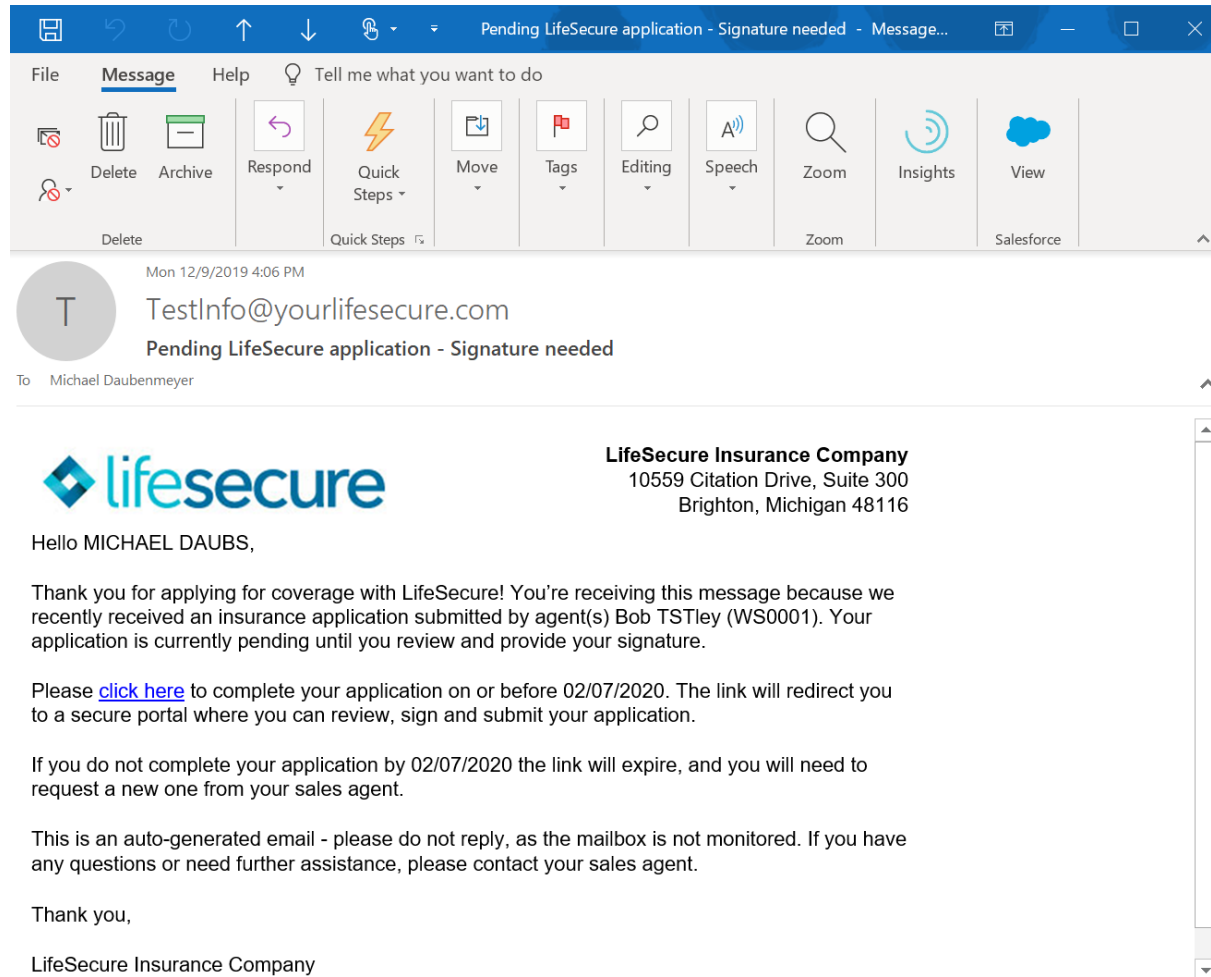
CAUTION: I understand that if any of my answers on this Application are incorrect or untrue, LifeSecure may have the right to deny benefits or rescind my policy.

All answers I have provided in this application are representations, not warranties.

Previous

Reset Submit Signed Application

Email Sample – Signatures Needed



Applicants – E-Signatures – Email

Welcome to the LifeSecure Application Portal!

Please enter the following information to confirm your identify so we can direct you to your application.

Social Security Number or
Other Identification Number:

 - -

Date of Birth:

 / /

Next

Welcome to the LifeSecure Application Portal!

Please enter the following information to confirm your identify so we can direct you to your application.

Social Security Number or
Other Identification Number:

 - -

Date of Birth:

 / /

Next


Time to Sign – Primary

Insurance Application	
Time to Sign - MICHAEL DAUBS	
<div><div>✓ Welcome</div><div>Acknowledgements</div><div>Application</div></div>	<div><h3>Welcome</h3><p>Thank you for applying for insurance coverage with LifeSecure!</p><p>Your application is currently pending until you review and provide your signature. <i>Please note:</i> If you applied with your spouse, he or she is required to log in separately to also review and sign the application.</p><p>The link that was provided via email or SMS text message is only valid for 15 days from the time it was sent. Please review your entire application, including all documents, links and tabs on this signature page. If you need to make any changes to your application or if your link to this signature page expires, please contact your sales agent.</p><p><i>Your signature, whether electronic or handwritten, represents your acknowledgement, acceptance and authorization that all information supplied here is true and complete to the best of your knowledge.</i></p><div>▶ Next</div></div>
<div>Reset Submit Signed Application</div>	

Time to Sign – Primary – Acknowledgements

Insurance Application	
Time to Sign - MICHAEL DAUBS	
<div>✓ Welcome</div> <div>✓ Acknowledgements</div> <div>Application</div>	<div>Acknowledgements</div> <div>I acknowledge receipt of:</div> <div>Accident</div> <div><input checked="" type="checkbox"/> Outline of Coverage</div> <div>Critical Illness</div> <div><input checked="" type="checkbox"/> Outline of Coverage</div> <div>Hospital Recovery</div> <div><input checked="" type="checkbox"/> Outline of Coverage</div> <div>Send by Email</div> <div>All <input type="checkbox"/></div> <div><input type="button" value="Previous"/> <input type="button" value="Next"/></div>
<div>Reset Submit Signed Application</div>	

Time to Sign – Primary – Submit

Insurance Application	
Time to Sign - MICHAEL DAUBS	
<div><div>✓ Welcome</div><div>✓ Acknowledgements</div><div>✓ Application</div></div>	<div><h3>Application</h3><h4>Primary Applicant's Signature</h4><p>I, the applicant, certify that I have read, or have had read to me, this completed Application(s). My signature below represents my understanding and acceptance of all statements in this Applicant Acknowledgements and Signatures Section, including the Fraud Warning. I approve all my answers as recorded in this Application(s).</p><p>I represent that I have signed the application in:</p><div><div>Brighton</div><div>City</div></div><div><div>Michigan (MI)</div><div>State</div></div><p>Please review/check each product and provide your signature.</p><div><div>Type It</div><div>Draw It</div></div><div><div>Michael Daubs</div><div></div></div><div><h4>Accident</h4><div><input checked="" type="checkbox"/> Review Completed Application</div><h4>Critical Illness</h4><div><input checked="" type="checkbox"/> Review Completed Application</div><h4>Hospital Recovery</h4><div><input checked="" type="checkbox"/> Review Completed Application</div><p>FRAUD WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.</p><p>THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.</p><p>CAUTION: I understand that if any of my answers on this Application are incorrect or untrue, LifeSecure may have the right to deny benefits or rescind my policy.</p><p>All answers I have provided in this application are representations, not warranties.</p><div><div>Previous</div></div></div></div>
<div><div>Reset</div><div>Submit Signed Application</div></div>	

Primary – E-Signature

Thank you for applying with LifeSecure.

We have received your application(s) and will begin processing them immediately.

Do you want a copy of your completed application at this time?

If you do, a copy of your application(s) will be generated in PDF format, which you can open, save, and / or print.

Note that regardless of what you do now, you will receive a completed copy of your application in your policy welcome kit.

☒ Yes, generate a copy now

☐ No, I'll wait to receive my copy

Finished

Primary – E-Signature – Confirmation

Thank you for applying with LifeSecure.
We have received your application(s) and will begin processing them immediately.

Do you want a copy of your completed application(s)?
If you do, a copy of your application(s) will be generated and emailed to you.
Note that regardless of what you do now, a copy of your application(s) will be generated and emailed to you.

☒ Yes, generate a copy of my application(s) and / or print.
☐ No, I do not want a copy of my application(s) and / or print.

The application(s) have been submitted successfully!
Click on the Policy Number to view the application PDF.

Accident Policy Number: [L200034930](#)
Critical Illness Policy [L200034931](#)
Number:
Hospital Recovery Policy [L200034932](#)
Number:
Thank you!

Finished

View and Save the Application PDFs

The image displays three overlapping screenshots of Lifesecure Insurance Company application forms, each showing the 'Section 1 | Primary Applicant Information' section. The forms are for Critical Illness Insurance, Personal Accident Insurance, and Hospital Recovery Insurance. Each form includes fields for the applicant's name, address, date of birth, gender, and contact information. The forms are presented in a way that shows they are available as PDFs in a web browser.

Critical Illness Insurance Individual

Application for: ☒ New Coverage ☐ Reinstatement ☐ Increase of Benefits ☐ Replacement of existing LifeSecure Policy Number

Section 1 | Primary Applicant Information

Print clearly - Use black or blue ink.

☒ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. (Last) DAUBS

MICHAEL (First)

000 ARDMORE DR MI 48220 (Post Office Box Not Allowed)

FERNDALE City Social Security Number (or ITIN) 333 - 55 - 7777

10/09/1970 Date of Birth (mm/dd/yyyy)

Gender: ☒ Male ☐ Female

Within the last 12 months have you used any form of tobacco or nicotine product? ☐ Yes ☒ No

How would you like to receive your policy? ☐ Paper copy via Mail ☒ Electronic (E-mail address required for Electronic policy delivery)

mdaubenmeyer@yourlifesecure.com

E-mail Address (required for policy delivery to agent or electronic policy delivery)

Caution: If your answers on this application are incorrect or untrue, LifeSecure may cancel your coverage.

LS-C-0201 MI

Personal Accident Insurance Application

Application for: ☒ New Coverage ☐ Reinstatement ☐ Increase of Benefits ☐ Replacement of existing LifeSecure Policy Number

Section 1 | Primary Applicant Information

Print clearly - Use black or blue ink.

☒ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. (Last) DAUBS

MICHAEL (First)

000 ARDMORE DR MI 48220 (Post Office Box Not Allowed)

FERNDALE City Social Security Number (or ITIN) 333 - 55 - 7777

10/09/1970 Date of Birth (mm/dd/yyyy)

Gender: ☒ Male ☐ Female

How would you like to receive your policy? ☐ Paper copy via Mail ☒ Electronic (E-mail address required for Electronic policy delivery)

mdaubenmeyer@yourlifesecure.com

E-mail Address (required for Electronic policy delivery; cannot be the agent's e-mail address)

LS-AC-0270 ST 03/15

Hospital Recovery Insurance Application

Application for: ☒ New Coverage ☐ Reinstatement ☐ Increase of Benefits ☐ Replacement of existing LifeSecure Policy Number

Section 1 | Primary Applicant Information

Print clearly - Use black or blue ink.

☒ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. (Last) DAUBS

MICHAEL (First)

000 ARDMORE DR MI 48220 (Post Office Box Not Allowed)

FERNDALE City Social Security Number (or ITIN) 333 - 55 - 7777

10/09/1970 Date of Birth (mm/dd/yyyy)

Gender: ☒ Male ☐ Female

How would you like to receive your policy? ☐ Paper copy via Mail ☒ Electronic (E-mail address required for Electronic policy delivery)

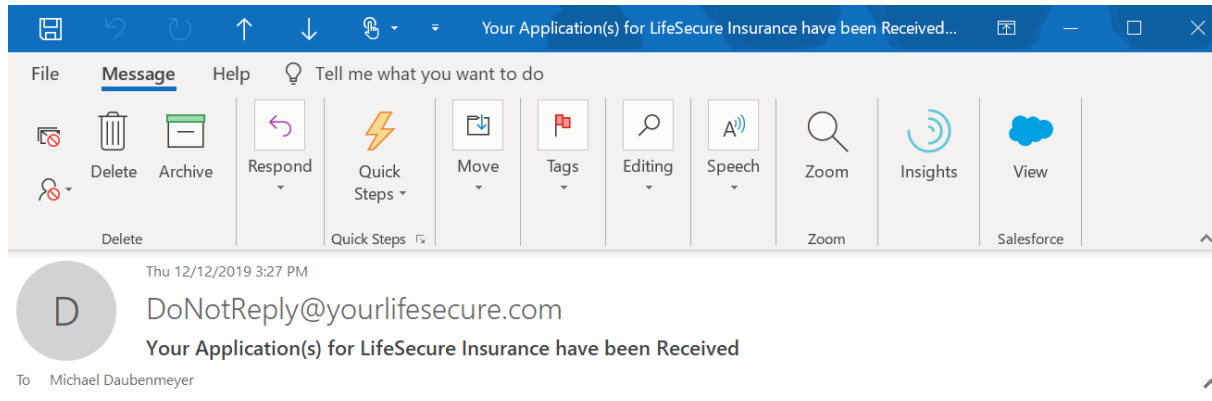
mdaubenmeyer@yourlifesecure.com

E-mail Address (required for Electronic policy delivery; cannot be the agent's e-mail address)

810-927-7460 Telephone

LS-HR-0284 MI

Email Sample – Application Received



LifeSecure Insurance Company
10559 Citation Drive, Suite 300
Brighton, Michigan 48116

Greetings-

LifeSecure Insurance Company has received your application(s) for Personal Accident, Critical Illness, Hospital Recovery insurance. We appreciate the opportunity to provide you with this valuable insurance protection and will process your application as soon as possible.

For general questions related to your application, please contact your agent.

If you did not apply for this coverage, please contact our Policyholder Services Department immediately at 888-575-8246.

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

Thank you.

Policyholder Services Department

E-Applications – Saved Applications

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[New Application](#)

[Saved Applications](#)






Current Status

You have 147 incomplete applications on file. Incomplete applications will be available for 60 days from the date you started the application. After 60 days, you will need to start a new application. To review a completed online application, click on the PDF icon below within 7 days of submission. If the applicant is not listed, you may also locate the completed online application under Your Business and go to the policy detail section to download the PDF. Please call the Agent Support Care line at 1-866-582-7701 if you have any questions.

☒ Agent Applications ☐ Self-Serve Applications

Product:

Search:

Applicant 	Date / Time Started 	Resume at Section 	Product 
Mr. MICHAEL DAUBS	12/09/2019 02:01:24 PM	Submitted	Critical Illness Hospital Recovery Personal Accident 

Showing 1 to 1 of 1 entries (filtered from 166 total entries)

Thank You