COLUMBIAN LIFE INSURANCE COMPANY • HOME OFFICE: CHICAGO, IL ADMINISTRATIVE SERVICE OFFICE:
VESTAL PARKWAY EAST • PO BOX 1381 • BINGHAMTON, NY 13902-1381

FAX COVER SHEET SafeShield® Term New Business Only

FAX TO: (877) 270-3266

NAME OF PROPOSED INSURED:
Please submit a separate fax cover for each application
TOTAL NUMBER OF PAGES:
PRODUCT NAME:
AGENT NAME:
AGENCY NAME:
AGENT EMAIL:
AGENT PHONE NUMBER:

Fax cover sheet for NEW BUSINESS applications only

Do not reduce when copying applications. Form number on each form must be legible.