



FORMS AUTOMATION FOR MOBILE INSURANCE PROFESSIONALS


Field2Base's award winning field automation software provides the ultimate mobility solution for insurance agents still utilizing paper forms in the field.

The process of gaining a new insurance customer or facilitating an insurance claim can be incredibly slow and tedious due to its heavy reliance on paperwork. Insurance agents and claims adjusters must complete several pages of paperwork in the field only to repeat the entire process again when they return to their office. This manual process of data collection creates significant time delays and is often riddled with errors and omissions.

- ✓ Convert your existing, legally binding paper forms into a digital format and begin to automate your paperwork with little or no training.
- ✓ Capture enhanced customer data such as photographs, barcodes, signatures, and more.
- ✓ Send captured data immediately to an email address, a web hosted database or your back office system using LAN, Wi-Fi, or Broadband Cellular.
- ✓ Use embedded GPS to facilitate claims location and information.
- ✓ Process Credit Cards and Checks remotely.

Part B Life Insurance Application

ACME National Life Insurance

Applicant Photo 

Matthew Jones

Name: Matthew Jones Date of Birth: Social Security #: 123-45-6789

2. Other Proposed Insured

Name: Date of Birth: Social Security #:

3. Children (Provide name and date of birth for all children.)

Caitlin Jones

4. Physician Information

Name and address of each proposed insured (do not have one):

Primary Proposed Insured: Date of Birth: Social Security #:

Other Proposed Insured: Date of Birth: Social Security #:

Child(ren): Date of Birth: Social Security #:

Name of insured, date, reason, time:

Family History

	Age if Living	Age at Death	Heart Disease?	Cancer History?
Primary Proposed Insured				
Father	69		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, age of onset _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, age of onset _____ Type _____
Mother	64		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, age of onset _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, age of onset _____ Type _____
Other Proposed Insured				
Father			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, age of onset _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, age of onset _____ Type _____
Mother			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, age of onset _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, age of onset _____ Type _____

AGLC 102566-2003 Page 1 of 4

To learn more about our mobile data collection solutions and see a demonstration of how your paper forms can be automated, contact one of our Sales Executives today.

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