

**RFR** (REQUEST FOR REVIEW) **FORM**

DATE RECEIVED:

RFR#:

**INSTRUCTIONS**

Please complete the Requester Information and the Request Detail (items in **RED**) sections of this form and email it to your Regional Executive. Please attach all supporting documentation such as e-mail correspondence, underwriting notes, claims notes, etc.

Requests will be reviewed by the appropriate committee as received.

**REQUESTOR INFORMATION**

**Agent Name:**

**Policy Number**

**Policy Holder**

**Date Submitted**

**Response Needed By**

**Request Detail**

Please give us the background on your request and attach any pertinent information.

What is your recommendation? Please explain why.

**Committee Decision**

**Decision Group/Person:**

**Decision Date:**

**Decision:**

**Follow-up Actions:**