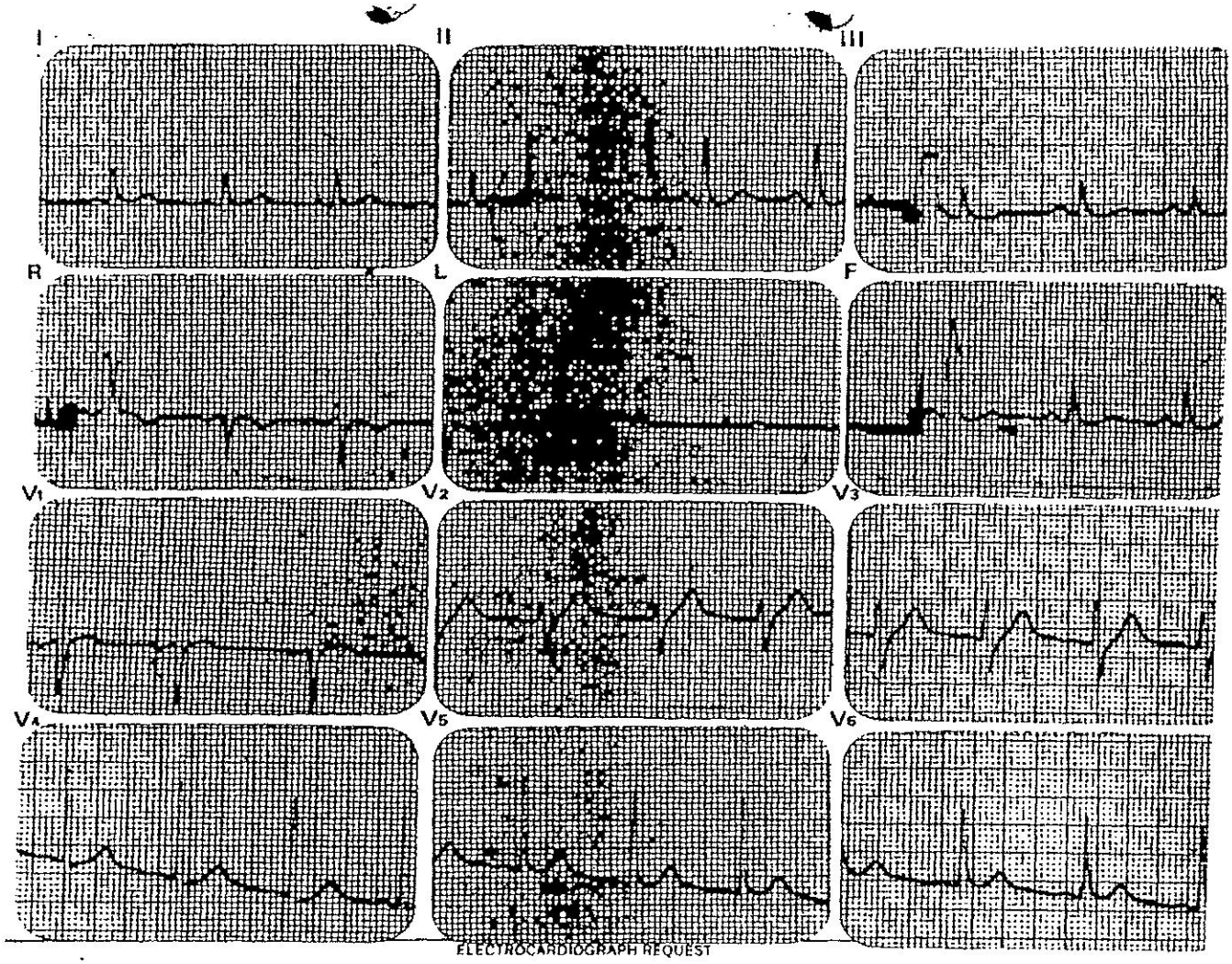

ELECTROCARDIOGRAPH REQUEST

PREV ECG YES ☐ NO ☐ AMB ☐ BED ☐ EMERG ☐ DIG ☐ QUIN ☐ AGE SEX B P DATE

CLIN DIAG ORDERED BY

M D

ELECTROCARDIOGRAPH REPORT

RHYTHM SINUS ☐ OTHER | RATES ATR VENTR | INTERVALS P-R QRS QTc | AXIS

DESCRIPTION LIMB LEADS | PRECORDIAL LEADS

P

QRS

ST

T

PATIENT IDENTIFICATION

Mr. Simon Bernstein
2/12/80

INTERPRETATION

hm

DATE _____ INTERPRETED BY _____ MD

JCK001032

Mr. Simon L. Bernstine
8/25/77

CHIEF COMPLAINT: Check up.
PRESENT ILLNESS: 8-24-77 41 year old male has had high blood pressure very mildly for 20 years, has had asthma for 10 years, he took shots for 2 years but not for the past year, has decided to restart them soon. When he was age 25 he had an episode of chest pain, was told he had heart disease, finally it was found to be due to gall stones , he had gallbladder surgery, bled in the post operative period had to be reopened. Has had no trouble since then .

REVIEW OF SYSTEMS:
HEENT: No hedache, has occasional ache in neck and down shoulders no diplopia, no glasses.
CARDIORESPIRATORY: No pain, no angina, no shortness of breathe, has had asthma.
GI-GU: Appetite good, weight up ten pounds. Has heart burn . He has intolerance to eating chocolate. No nausea, vomiting, diarhea, constipation, melena, no disuria, nocturia, hematuria.
NEUROLOGICAL: No numbness.
SKIN: No rash.
BONES: No pain

HAA:at 8-25-77

FORM 6180 CLINICAL DATA BD: [illegible]2/35

NAME Mr. Simon L. Bernstein AGE 41 SEX M S M D W

ADDRESS 620 SheridanRd., Glencoe, IL 60022 PHONE 835-3768 DATE AUG 24 1977

SPONSOR ADDRESS

OCCUPATION REF BY Dr. Gelperin ACKN

FAMILY HISTORY FATHER [illegible] MOTHER [illegible]

BROTHERS SISTERS

TB DIAB MALIG HT DIS NEPH EPILEP PSYCH

OTHER

PAST HISTORY GENERAL HEALTH

DISEASES OF CHILDHOOD RH FEV SC FEV POLIO TYPH

PNEU NEPH BOILS ASTHMA HT DIS TB HYPERTENSION V D ALLERGIES

TRAUMA SURGERY

MENSTRUAL ONSET PERIODICITY TYPE DURATION PAIN

MARITAL CHILDREN LIVING 5 DEAD MARRIED YRS YOUNGEST CHILD

HABITS COFFEE TEA ALC TOBACCO WATER APPETITE

Intermittently Alcohol [illegible]

CHIEF COMPLAINT

Int. Allergic [illegible]

Tension X-Pl W Weight

PHYSICAL EXAMINATION WEIGHT 178 HEIGHT 5'7½" TEMP PULSE RESP B P 130/45

GENL APPEARANCE

SKIN MUCOSA Acute

EYES VISION PUPILS FUNDI

EARS

NOSE THROAT PHARYNX

CHEST Wheezing BREASTS

HEART

LUNGS

ABDOMEN

GENITALIA

RECTUM

EXTREMITIES

LYMPH NODES

REFLEXES

REMARKS

Hyperpnea

Asthma

DATE	LABORATORY
BLOOD	
	ESR
	CBC
	[illegible]
URINE	
	[illegible]
	[illegible]

FORM 8180 COLWELL CO. CHAMPAIGN, ILL.

JCK001034

Mr. Simon Bernstein
10-9-78

CHIEF COMPLAINT: Check up.
PRESENT ILLNESS: This 42 year [illegible] has had headaches in the back of his head, feels like there is preg[illegible] has sinuses, feels full. He has allergies. Patient takes a pi[illegible]ma, does not know the name of it. He has had slight trouble th[illegible]
REVIEW OF SYSTEMS:
HEENT: See above, no diplopia, [illegible]
CARDIORESPIRATORY: No angina, [illegible]ness of breath, has slight wheezing at times. No recent infection [illegible]
GI-GU: Appetite good, no nausea, vomiting, diarrhea, constipation, melena, no disuria, nocturia, hematu[illegible]
NEUROLOGICAL: No numbness.
Skin: No rash.
BONES: Nopain.
HAA:at

[illegible]

COLWELL CO. CHAMPAIGN

JCK001035

FORM 8180 CLINICAL DATA BD: 12/2/35

NAME Mr. Simon Bernstein [redacted] [redacted] AGE 42 SEX M S M O W

ADDRESS 620 Sheridan Rd. Glencoe, Il 60022 PHONE 835-3768 DATE OCT 9 1978

SPONSOR ADDRESS

OCCUPATION REF BY ACCN

FAMILY HISTORY FATHER 247 W MOTHER L-HD - mtg

BROTHERS 52 - kmr SISTERS — 248 kmr

TB DIAB MALIG HT DIS NEPH EPILEP PSYCH

OTHER

PAST HISTORY GENERAL HEALTH

DISEASES OF CHILDHOOD RH FEV SC FEV POLIO TYPH

PNEU NEPH BOILS ASTHMA HT DIS TB HYPERTENSION V D ALLERGIES

TRAUMA—SURGERY

MENSTRUAL ONSET PERIODICITY TYPE DURATION PAIN

MARITAL CHILDREN LIVING DEAD S B MARRIED YRS YOUNGEST CHILD

HABITS COFFEE TEA 1 ALC 5 TOBACCO 0 WATER APPET'TE

CHIEF COMPLAINT

Cholecystitis Diverticulitis

Hernia epigastric Allergic

PHYSICAL EXAMINATION WEIGHT 172 HEIGHT TEMP PULSE 72 RESP BP 120/80

GENL APPEARANCE well

SKIN MUCOSA

EYES VISION PUPILS FUNDI

EARS

NOSE THROAT PHARYNX

CHEST BREASTS

HEART

LUNGS

ABDOMEN

GENITALIA small umbilical hernia

RECTUM

EXTREMITIES

LYMPH NODES

REFLEXES

DATE	LABORATORY
BLOOD	bad BS A Mn 73
URINE	(-) (-)

REMARKS

Asthma, Hypertension

3/7/59 Sy. Mon. Bernstein 230 IMD tetracycline 500

Umbilical hernia

FORM 8180 COLWELL CO CHAMPAIGN ILL

JCK001036

THE MEDICAL DIRECTOR

BERNSTEIN & ASSOCIATES
9933 Lawler Avenue
Skokie, Illinois 60076

Name	Date of Birth
Simon L. Bernstein	12/2/35
Address 620 Sheridan Rd. Glencoe, Ill.	

Date 1/9/79

TO Dr. Allen
~~1964 Sheridan~~ Rd (1971 2nd Ave)
Highland Park, Ill.

ATTENDING PHYSICIAN'S STATEMENT-
UNDERWRITING INFORMATION

Dear Doctor: Your patient named above desires insurance with and has given us the attached authorization to write you. Will you please complete this questionnaire with details concerning your attendance of this patient, and return it to us at the address show above? All information will be considered strictly confidential. Your early reply will be appreciated.

(1)

Dates Attached MONTH	YEAR	Complaints & Abnormal Physical Findings	Duration of Illness	Diagnosis	Describe Trea or Operation
		see attached			
10	78	gen check wt 120/80	10 yrs	history of asthma	→
			20	hypertension controlled	→
			1 yr	umbilical hernia	→

(2) Laboratory Findings (including x-ray, ECG, BMR and pathological reports, etc., with da
Please attach any available test results.
10/78 wnl LML, SMA24, EKG

(3) Present condition, if known? (include sequelae and complications of above reported ill
healthy

(4) Have any other physicians or surgeons been consulted? If so, please give name, date, a
nature of disorder.
NO

(5) Please record any other information which might have a bearing on this person's healt
NO

Attending Physician:
Please print name Hubert A Allen Signature [illegible]
Address 1971 Second St Date 1/17
Highland Park

JCK001037

BERNSTEIN Simon Date: 7-9-79

CHIEF COMPLAINT: Checkup.

PRESENT ILLNESS: This 43 year old male has been feeling well. The patient has mild hypertension, takes one Aldactazide a day and that controls it. He has mild asthma and has been taking Brickinol 2-3 a day. has some rapid heartbeat but tolerates it and has no problems. He has exercise induced asthma which after a short amount of swimming will come on. Has done well generally over the past year. No severe attacks.

REVIEW OF SYSTEMS: HEENT - has no headache, diplopia. Doesn't wear glasses. No respiratory infections. Cardiorespiratory - no pain, no angina. See above. Has no edema. GI,GU - appetite good, weight steady. No nausea, vomiting, diarrhea, constipation, melena. No dysuria, nocturia, hematuria. Neurological - no numbness. Skin - no rash. Bones - no pains.

Simon Bernstein

FEB 1 2 1980

178

[illegible]

JCK001039

THE MEDICAL DIRECTOR

Name:	Date of Birth:
Simon L. Bernstein	12/2/35
Address: 620 Sheridan, Glencoe, Il. 60022	

Date 9/13/82

Attn: Diana Lane

TO: Hubert Allen M.D.
1971 Second Pk.
Highland Park, Il. 60035
433-0585

ATTENDING PHYSICIAN'S STATEMENT - UNDERWRITING INFORMATION

Dear Doctor: Your patient named above desires insurance with Captiol Bankers Life and has given us the attached authorization to write you. Will you please complete this questionnaire with details concerning your attendance of this patient, and return it to us at the address shown above. All information will be considered strictly confidential. Your early reply will be appreciated. $25.00 Prepayment.

Dates Attached 1) MONTH YEAR	Complaints & Abnormal Physical Findings	Duration of Illness	Diagnosis	Describe Treatment or Operation

ACKNOWLEDGEMENT AND AUTHORIZATION

I hereby acknowledge receipt of a notice titled "Notice to Applicants for Insurance" respecting the filing and distribution of medical information concerning myself and receipt of a notice respecting the Fair Credit Reporting Act. Public Law 91-508.
I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person that has any records or knowledge of me or my health to give to the Capitol Bankers Life Insurance Company or its reinsurers any such information. A photographic copy of this authorization shall be as valid as the original.

Is there a replacement involved in this transaction? ☐ Yes ☒ No

Signed at CHICAGO, ILLINOIS (City, State)

Signature of Proposed Insured

Signature of Applicant Donna Under Trust Officer

Lic. Agent Richard Allen No. Date 3/2/82

APP-4-12/78

2) Laboratory Findings (including x-ray, ECG, BMR and pathological reports, etc., with dates) 'Please attach any available test results.

3) Present condition, if known? (include sequelae and complications of above reported illness

Health

4) Have any other physicians or surgeons been consulted? If so, please give name, date, and nature of disorder.

N

5) Please record any other information which might have a bearing on this person's health

Attending Physician: Please print name Hubert A Allen Signature: [illegible] M

Address: 1971 Second ST Date: [illegible]

Highland Pk Ill
60035

JCK001041

#A36
CLR STD

OCT 29 1982
UNDERWRITING DEPT
CAPITOL BANKERS

NX BERNSTEIN, SIMON DOB 03DC35 #2069421 STILL STD SUBJECT APS
ASSOCIATED ALLERGEST AND WRITTEN VERIFIVATION OF AMOUNTVERIFICATION OF
COLOGNE RE JONES

203-356-4900

Fax (Fax)
to Col Re - Add info

Sent 10-28-82 10/20

Return to 10/26

TO
Cologne Life Reinsurance Company
P.O. Box 300
Stamford, Connecticut 06904

FROM

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
735 North Water Street, P.O. Box 2016
Milwaukee, Wisconsin 53201-9757
414/277-9998

SUBJECT: Simon Bernstein

DATE: 10-28-82

MESSAGE:

Enclosed please find additional information on the above appliacnt . Previous papers were sent on 9-20-82. Thank you for your cooperation.

Sincerely,

ORIGINATOR-DO NOT WRITE BELOW THIS LINE REPLY TO → SIGNED Bonnie K. Butcher

REPLY

DATE

SIGNED

SEND PARTS 1 AND 3 INTACT-PART 1 WILL BE RETURNED WITH REPLY

S. B. LEXINGTON, INC.
OCT 14 1982
9933 Lawrence Ave., Suite 210
Skokie, Illinois 60077
Telephone (312) 677-4400

DATE: 10/12/82

TO: Jim

FROM: Diana

SUBJECT: S.B. LEXINGTON, INC. TRUST

Attached is the APS on Si. Please issue the policy ASAP.

Thanks.

- Diana

A36
CLR STD

OCT 25 1982
UNDERWRITING DEPT
CAPITOL BANKERS WIS

BERNSTEIN, SIMON DOB 03DSC35 #2068421 STILL STD SUBJECT APS ALLEN, ASSOCIATED ALLERGISTS AND WRITTEN VERIFICATION BY APPLICANT OF AMOUNT OF INSURANCE IN FORCE WITH DATES ISSUE, NAMES OF COMPANIES INFO IN OR NOT SAME AS ON PART I RE INFORCE COVERATE.

COLOGNE RE JONES
STAMFORD CT

#A36
CLR STD

equifax services

CONFIDENTIAL

OCT 22 1982

Acct. No. z414-519 | Agcy-Br. S . B. Lexington, Inc. | CHICAGO E OFFICE

10-19-82 16 13 | Pol.-File #

BERNSTEIN, SIMON L.

Glencoe, IL, 620 N. Sheridan Road

President - S. B. Lexington, Inc.

Skokie, IL, 9933 Lawler, Suite 210

REPORT FROM (If not city in heading) (State whether former addr., etc.)

SPECIAL SERVICE LIFE

Kind of report

Date of Birth 12-3-35

Coverage $2,000,000

Class

This report supplements our original Special Service Life report to your company of 9/23/82 at which time we explained that we would supplement with our financial record findings. These findings are below:

Litigation Records of the Cook County Circuit Court System, Law Division and First Municipal District for the past seven years indicates the following:

DOCKET NO: 78M1 500351
FILED: 1/26/78
PLAINTIFF: Michigan Ave. National Bank of Chicago
DEFENDANT: Simon Bernstein & Associates
9933 Lawlor Ave., Skokie, IL
PLAINTIFF'S ATTORNEY: DeHoan & Stronberg
7 S. Dearborn, Chicago, IL
CAUSE OF ACTION: $10,199.15
DISPOSITION: Satisfied as of 5/11/78

Federal Civil Litigation Records of the U. S. District Court, Northern Illinois District, Eastern Division for the past seven years indicates: No record.

Federal Criminal Records of the U. S. District Court, Northern Illinois District, Eastern Division, for the past seven years indicates: No record.

Bankruptcy Records prior to 10/1/79 and/or Order For Relief Records Subsequent to 10/1/79 for a total of 10 years of the U. S. District Court, Eastern Division, Northern Illinois District indicates: No record.

An "in-file" Report from a Metropolitan Cook County Credit Bureau covering a period of 20 years and 9 months, in February 1972 the applicant had a high credit with a local department store of $2,717 and this was placed in bad debt; placed for collection. There were no other incidences recorded regarding the applicant.

We hope the above information will assist you in your review of this application.

029/dm/2cc

~~9/24~~ 10/12

Fac

Col Re*

* to Col Re also better copy of IR

resent 10-18

10/12 Return to JR

TO

Cologne Life Reinsurance Company
1200 Bedford St.
Stamford, CT 06905

FROM

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
735 North Water Street, P.O. Box 2016
Milwaukee, Wisconsin 53201-9757
414/277-9998

SUBJECT: Bernstein, Simon

DATE: 10-19-82

MESSAGE:

Enclosed please find additional information on the above applicant for your review. Previous information has been sent to you on 9-24-82.

Thank you for your cooperation.

Sincerely,

ORIGINATOR-DO NOT WRITE BELOW THIS LINE — REPLY TO → SIGNED

REPLY

DATE

SIGNED

SEND PARTS 1 AND 3 INTACT-PART 1 WILL BE RETURNED WITH REPLY

CB INSURANCE

P.O. BOX 2016 □ 735 NORTH WATER STREET □ MILWAUKEE, WISCONSIN 53201 □ (414)277-9998

INSURED: S. Bernstein

FILE NO.:

D.O.B.: HEIGHT: WEIGHT:

CHEST X-RAY: DATED 9.8.82

Interpretation:

Normal chest x-ray

[illegible] M.D.
9/22/82

EKG: DATED RESTING EXERCISE

Interpretation:

CODES:

HOME OFFICE
REFERENCE
LABORATORY

P O Box 2035
Shawnee Mission
Kansas 66201

913 - 888 - 1770

HOME OFFICE SPECIMEN REPORT

CAPITOL BANKERS LIFE
INSURANCE COMPANY
UNDERWRITING DEPARTMENT
P.O. BOX 2016
MILWAUKEE, WI 53201

ATTN: PETER M. WOODCOCK
ASST. V.P.- UNDERWRITING

BERNSTEIN SIMON J
GLECOE IL
DOB: 12-02-35
EXAMINER: HERRON

PENDING NUMBER:
DATE VOIDED: 09-08-82
DATE PERFORMED: 09-14-82/#BSD 5023
AGENCY:

****

MICROSCOPIC EXAM		CHEMICAL EXAM	
WBC:	0	ALBUMIN:	NEG
RBC:	0	GLUCOSE:	NEG
GRAN.CAST:	0	SPECIAL TESTING:	POS DIU
HYAL.CAST:	0		

HOME OFFICE SPECIMEN REPORT

DATAFLO SYSTEMS *an Equifax Company*

DRIVER RECORD INFORMATI

A Dataflo Systems Service

Obtained by DATAFLO SYSTEMS, on customer's behalf, from the state of motor vehicle records. Identification of driver based on information submitted.

SEP 2 3 1982

ILLINOIS

NAME/ADDRESS	QUOTE BACK
Bernstein Simon L	08/S.B.LEXINGTON

DRIVER LICENSE NUMBER	REPORT DATE	DATAFLO SYSTEMS USE	ACCOUNT NUMBER
B65279235344	09/17/82	AY 01312	414519

SOCIAL SECURITY NUMBER	DMV ACCOUNT NUMBER
	00100

BIRTH DATE	SEX	HEIGHT	WT	EYES	HAIR	REQUESTED AS/ALSO KNOWN AS
12-3-35						

DRIVER LICENSE INFORMATION

CLASS	ISSUED	EXPIRES	STATUS	RESTRICTIONS

MISCELLANEOUS AND STATE SPECIFIC INFORMATION

DRIVING RECORD

TYPE	VIOL/SUSP DATE	CONV/REIN DATE	DESCRIPTION	VIOL/CONV CODE	PT
			MVR RECORD NOT FOUND		

DATAFLO SYSTEMS *an Equifax Company*

DRIVER RECORD INFORMATI

A Dataflo Systems Service

Obtained by DATAFLO SYSTEMS, on customer's behalf, from the state of motor vehicle records. Identification of driver based on information submitted.

ILLINOIS

NAME/ADDRESS	QUOTE BACK
BERNSTEIN, SIMON L 620 SHERIDAN RD GLENCOE, IL 60022 SEP 3 0 1982	04/S B LEXINGTON INC

DRIVER LICENSE NUMBER	REPORT DATE	DATAFLO SYSTEMS USE	ACCOUNT NUMBER
B65279235343	09/27/82	AY 01175	414519

SOCIAL SECURITY NUMBER	DMV ACCOUNT NUMBER
	00100

BIRTH DATE	SEX	HEIGHT	WT	EYES	HAIR	REQUESTED AS/ALSO KNOWN AS
12/02/35	M	5 08	165	BRWN	BRWN	

DRIVER LICENSE INFORMATION

CLASS	ISSUED	EXPIRES	STATUS	RESTRICTIONS
B*: TYPE:2	06/23/81	12/02/83		0-0-0

MISCELLANEOUS AND STATE SPECIFIC INFORMATION

DRIV ED:N

DRIVING RECORD

TYPE	VIOL/SUSP DATE	CONV/REIN DATE	DESCRIPTION	VIOL/CONV CODE	PTS
99	04/19/80	10/06/80	SPEEDING 16-25 MPH ABV LIM-CLEAR COND 5224089	1 0601 05	20

equifax services Confidential

SPECIAL SERVICE LIFE REPORT

This report contains information pertinent to Life Insurance Underwriting and was prepared for that purpose only.

Account No. 414-519 Dist., Agcy. or Br. S.B. Lexington, Inc. Office: CHICAGO E

Policy No. Not shown

Date 9-22-82-16-13

Name BERNSTEIN, SIMON L.

Address Glencoe, IL., 620 N. Sheridan Road

Occupation and Employer on Inq. President, S.B. Lexington, Incorporated Skokie, IL., 9933 Lawler, Suite 210

Date of Birth 12-2-35

Amt. applied for $ 2,000,000
Amt. now carried (all cos.) $ 1,000,000
Total Insurance $ 3,000,000

Beneficiary: Trust

Date(s) Inspection Made 9-21-22-82

(No) (Yes)

1. Identity

A. How many days since you or sources have seen or talked to applicant? (If not within 2 weeks, explain.) 1

B. Is date of birth on inquiry incorrect? ( ) (X)

C. Marital status? (M S Sep. Wid. Div.) Married

D. Number of children in household: 4

E. Reside with someone other than an immediate family member? (X) ( )

F. Is beneficiary someone other than an immediate family member? (If yes, cover relationship & reason.) ( ) (X)

2. Occupation

A. Occupation, job, or employer differ from that given on inquiry? (X) ( )

B. Part-time or off-season occupation? (Describe fully.) ( ) (X)

C. Change jobs frequently? (X) ( )

D. Plan to work or travel in foreign countries? (X) ( )

3. Aviation—Sports—Avocations

A. Flown as pilot or student pilot? (If yes, cover Handy Guide.) (X) ( )

B. Hazardous sports or avocations (racing, skin or scuba diving, sky diving, snowmobiling, hang gliding, etc.)? (X) ( )

4. Driving Record

A. Driver's license number: B652-7923-5343
and state or province: Illinois

B. Moving traffic violations? (Cover at least past 3 yrs.) ( ) (X)

C. Traffic accidents? (Cover at least past 3 yrs.) (X) ( )

D. Driver's license suspended or revoked? (X) ( )

E. Own or drive motorcycle, motorbike, dune buggy, or high performance car? (X) ( )

5. Appearance—Impairments

A. Unusual build? (If yes, describe appearance.) (X) ( )
If interview, give: ht. 5'7½" wt. 175

B. Deformity, amputation, blindness, deafness or other impairments? (X) ( )

C. Signs of nervousness or tension? (X) ( )

D. Ever rejected for military service or discharged for medical reasons? ( ) (X)

6. Health (Amplify as necessary on reverse.)

A. Personal Physician: Name Dr. Hubert A. Allen
Address 1971 Second Street
City & State or Province Highland Park, IL.

1. Date last seen: 1½ years ago
2. Why? Routine physical exam no specific complaint
3. Results: In good health

B. Illness, injury, operation, past or present, not covered in 6A? (If yes, see reverse.) ( ) (X)

C. Use medication regularly? ( ) (X)

D. Family member (parents, brothers and sisters) had diabetes, cardiovascular disorder, or cancer? ( ) (X)

7. Smoking

A. Smoke cigarettes? (X) ( )
If yes, how long? # pkgs. a day

7. Smoking (Cont'd)

B. Stopped smoking? ( ) (X)
If yes, when? Age 20 years
Why? Better Judgement

8. Interview Information (Alcohol—Drugs)
Alcohol (Amplify as necessary on reverse.)

A. 1. Use alcohol? (If no, see "B.") ( ) (X)
2. How often? Once a month
3. What? Wine or dordial
(Cover additional alcoholic beverages in narrative.)
4. How many? One glass
5. When? Evening
6. Where? Restaurant
7. Drive after drinking? (X) ( )
8. Any noticeable effects from alcohol use? (X) ( )
9. How long drinking? Legal age
10. Drinking pattern changed? (X) ( )
11. Received counseling or treatment for alcohol use? (X) ( )

B. 1. Used alcohol in past? ( ) ( )
2. What?
3. How many?
4. How long?
5. When stopped?
6. Why stopped?
7. Received counseling or treatment for alcohol use? ( ) ( )

Drugs (Amplify as necessary on reverse.)

C. Use(d) or experiment(ed) with marijuana, LSD, or non-prescribed stimulants, depressants or narcotics? (X) ( )

9. Other Source Information (Alcohol—Drugs)
(Amplify as necessary on reverse.)

A. 1. Does applicant use alcohol? (If no, see "B.") ( ) (X)
2. Any personal observation of noticeable effects from drinking? (X) ( )
3. Drive after drinking? (X) ( )
4. Any known financial, job or personal problems caused by drinking? (X) ( )
5. Received counseling or treatment for alcohol use? (X) ( )

B. Used alcohol in past? ( ) ( )

C. Use(d) or experiment(ed) with marijuana, LSD, or non-prescribed stimulants, depressants or narcotics? (X) ( )

10. Personal

A. Except for traffic violations, ever been arrested? (X) ( )

B. Any comments about reputation, life style, or home environment? (X) ( )

11. Interview Information

A. Ever rated or declined for insurance? (X) ( )

B. Individual life insurance in force at this time? ( ) (X)

C. Group life insurance in force at this time? ( ) (X)
(If 11B-C answered "yes," give name of carrier and amount(s) in insurance history paragraph.)

12. Answer only If Family Policy:
Illness, injury or operation of other family members? (Past or present) ( ) ( )

13. If Family Life requested, complete & attach Family Supplement, Form 18008.

Report transferred on _____ (date) To _____ (branch office)

OVER

Remarks:

Insurance History: Quote insurance history below. If 11 B-C answered "Yes," comment.

Sources: In a numerical listing, give type of source (banker, neighbor, etc.), how known and time known for each. If previous reports, give number and longest time known. If records checked, type?

Interview: Give date and place interviewed. Cover conflicts between information from applicant and that from other sources. If applicant not interviewed, why?

Business History: Cover in chronological order for ¼ life-time to present. Give specific dates.

Present Business: Describe type, number of employees, range of operations. If part-time or other business connections, give details.

Duties: Describe duties. Cover "Yes" answers from questions 2 A-D. Cover Handy Guide questions when applicable.

Aviation—Sports—Avocations: Describe participation or interest in aviation, sports and avocations. Cover Handy Guide questions. Cover "Yes" answers from questions 3 A-B.

Driving: If 4 B-E answered "Yes," give details.

Health—Family History: Give details of "Yes" answers to questions 6 B-D.

Alcohol—Drugs: Give details of: noticeable effects of alcohol; any known related financial, job or personal problems; changes in usage; treatment. Cover use of other alcoholic beverages. Describe in detail present or past usage of marijuana, narcotics, sedatives, depressants, stimulants or hallucinogens.

Personal: Describe associates, home life, living conditions and neighborhood. Comment on social/club life if developed. On non-financial record checks—police, court, divorce, etc.—show type, location and results.

Beneficiary—Purpose of Insurance: Cover specific purpose for which insurance is being applied. If firm or partner named beneficiary, make reference to Business Insurance Report, Form 18007, attached.

Insurance History:

Date	Acct. No.	Amt. or Type Coverage	Fam. or Ind.
3-25-82	414-519	$2,000,000	Ind.
7-25-79	10586	2,000,000	S.B. Lexington
1-22-78	172	500,000	Ind.
8-27-76	129-602	1,000,000	Ind.
7-19-76	118-755	1,000,000	Ind.
5-26-76	114-512	300/month	Ind.
8-23-76	10586	300,000	Ind.
12-30-76	875	300,000	Ind.
10-25-75	265	500,000	Ind.
2-7-75	165-566	500,000	Ind.
10-18-74	265	500,000	Ind.
6-19-73	217	1,250,000	Ind.
12-5-72	12	200,000	Ind.
11-11-71	12	500,000	Ind.

The field representative attempted to obtain names of carriers and amounts of insurance held by the applicant, both individually and group life insurance policies, but he indicated that he had so many policies in effect he could not begin to list them. He did indicate that he had several million dollars of both individual and group life insurance in effect.

Field Representative: Attach Financial Supplement, Form 18006.
Use Continuation of Report, Form 5166, for additional remarks.

18005R—10-77

SCOPE OF INVESTIGATION: Our Chicago-Elmhurst Office handled the entire scope of this investigation through the business and residential and reference addresses in the Skokie, Illinois area, Glencoe, Illinois area, and Chicagoland area.

SOURCES:

1. Interviewed applicant.
2. Business building management source, business basis, 5 years.
3. Residential neighbor, limited social basis, 3 years.
4. Residential neighbor, limited social basis, 1 month.
5. Residential neighbor, personal basis, 12 years.
6. Business associate, business and social basis, 13 years.
7. Attorney, handling legal matters for the applicant and his firm and knowing him on a social basis over the past 5 years.
8. Banker, handling banking matters for the applicant and his firm over the past 15 years.
9. Accountant, handling accounting matters for the applicant and his firm over the past 5½ years.
10. Fourteen previous reports covering the applicant for 21 years through 20 sources.
11. Illinois Motor Vehicle Records.
12. Financial records.

INTERVIEW: Simon L. Bernstein was interviewed at his place of business on 9-21-82. He was completely cooperative in the interview and there is no conflict of information furnished from him and outside sources.

BUSINESS HISTORY: Simon L. Bernstein was born in Flint, Michigan, on December 2, 1935 (not December 3, 1935 as is shown on your inquiry). He completed his high school education in Detroit, Michigan, in 1954 at the Central High School. He then went on to attend the Highland Park Junior College in Detroit, Michigan, and also the Detroit Institute of Technology, but did not receive a degree from those institutions.

Field Representative: Do Not Write In Space Below.

He began his first full-time employment as a furniture salesman with the Tower Furniture Company in Detroit, Michigan. He then was employed for a period of two years respectively at Chicago Furniture Mart and the Lee Furniture Company, both in Chicago.

From 1960 to 1965, he became associated with two family-owned businesses known as the Modern Age Furniture Company and the Bedding Shop. These firms were located in Morton Grove, Illinois.

In 1965 he became a licensed insurance agent representing strictly the Aetna Life Insurance Company.

In 1970 Mr. Bernstein established the Bernstein and Associates and this insurance agency changed its name to the S.B. Lexington, Incorporated in May of 1973. This firm has continued to prosper since its inception. He became 50% owner of this organization.

PRESENT BUSINESS: Simon L. Bernstein is the president and 50% owner of the S.B. Lexington, Incorporated, Suite 210, at 9933 Lawler Avenue in Skokie, Illinois. This is an insurance agency and brokerage concern which has eight full-time employes. They sell life insurance, health insurance, and group insurance. Firm also sells property and casualty line insurance through the business associate, Richard K. Klink, who is the remaining 50% owner of this organization.

In addition to the above, he is also an investor of the Cambridge Associates at the same above business address. This is a real estate firm specializing in acquisition and brokerage of real estate properties. This firm has one full-time employe and has been established since 1972. The firm was inactive until one year ago when it was reactivated by the applicant's business associate, Mr. Richard K. Klink.

DUTIES: As president of the above firm, Mr. Bernstein will spend over 50% of his work time in the office where he will handle top-level management decisions and is in touch with his clients by telephone and through correspondence. He will sell a large number of his policies by telephone, but does personally call on his key accounts in person. He drives a company-owned automobile and has a favorable driving reputation. He normally will sell life, health and accident, and group policies in the Chicagoland area, but will travel out of state usually one or two days out of the month to contact key accounts for sales purposes. He travels by regularly scheduled commercial airlines and these trips are usually one day at a time. He has no duties in conjunction with the Cambridge Associates, but merely is an investor.

Field Representative: Do Not Write In Space Below.

AVIATION-SPORTS-AVOCATIONS: Mr. Bernstein has no interest in any type of private flying activities and does not intend to learn to fly in the future. He will not participate in any hazardous type of recreational activities. He does play golf once or twice a month during the season, but is not a member of any country clubs at this time or any golf clubs.

DRIVING: We paid special attention to the applicant's driving reputation since a copy of Illinois Motor Vehicle Records indicates the applicant was convicted on 10-6-80 for speeding 16-25 mph. above the limit under clear conditions. Sources were not aware of this conviction and the applicant denied any driving violations, suspensions, or revocations in the direct interview. Sources state he has a favorable driving reputation. He indicates that he drives a Lincoln Continental automobile, an Avanti, and a Mercury. These are all company owned vehicles.

We have ordered an up-to-date Illinois Motor Vehicle Record and will forward same to your company upon receipt.

HEALTH HISTORY: He carries his weight evenly distributed throughout his body with no evidence of impairments or disabilities, no sign of tension or strain. The applicant states that he has had an elevated blood pressure condition for the past 6½ years, currently takes one tablet of Aldactizide on a daily basis. Applicant indicates that when his blood pressure was first noticed to be elevated some 6½ years ago, the blood pressure reading at the time was 140/90. Dr. Burl Luvitz, who is now retired and residing in Fort Lauderdale, Florida, discovered the blood pressure condition. Mr. Bernstein indicates that he had an insurance examination two weeks ago at the Herron Medical Clinic at 1150 North State Street in Chicago at which time his blood pressure reading was 122/82. This condition is controlled by the daily medication. He has never been hospitalized for that condition.

Mr. Bernstein was 4-F in draft status at age 20 due to a gallbladder problem. He had corrective surgery in which the gallbladder was removed at age 25 years at the Louis Weiss Memorial Hospital at 4640 Marine Drive in Chicago. This was under the care of Dr. Tannenbaum and he was confined for ten days. He had complete recovery.

In 1969 he was hospitalized at the Skokie Valley Community Hospital at 9600 Gross Point Road in Skokie, Illinois, for four days for a corrective double hernia repair. He was under the care of Dr. Cohn and Dr. Lippschultz. He had a complete recovery.

Applicant states that he has been allergic to mold and dust in weeds during most of his childhood and adult life. He has

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taken allergy shots and prescription medication as needed. He presently takes a medication that is prescribed through an allergist at the Associated Allergist, Ltd., at 480 Elm Street in Highland Park, Illinois. Applicant could not recall the name of the medication he uses, but states he uses this primarily during the hayfever season at which time the weeds, mold, and dust are present. He has never been hospitalized for that condition.

The applicant's father, Ted, died at age 47 years as a result of a heart attack. His father had been an interior decorator and had resided in the Chicagoland area. His mother, Nora, died at age 72 years as a result of a heart condition.

His brother, Norman, age 56 years, is also an insurance agent located in Hinsdale, Illinois. He is in good health. His sister, Gertrude Davis, age 51 years, is a full-time homemaker residing in the Glenview, Illinois area. She is also in good health.

ALCOHOL-DRUGS: Mr. Bernstein will have a glass of wine or a glass of cordial at a restaurant with his family usually once a month. He normally does not drive after drinking. He has not used intoxicants to excess and has never used or experimented with any form of drugs.

PERSONAL: Simon L. Bernstein resides with his wife, Shirley, age 43 years, a full-time homemaker, and their four children in his own large, 2½-story white stucco home situated on a corner lot in an upper-grade residential section of Glencoe, Illinois. He has lived in this well-maintained home, as are the homes in the immediate vicinity, for the past 12 years. The home has an in-ground swimming pool on the premises. He spends his spare hours at home reading or watching television. He does not belong to any clubs or civic organizations at this time other than religious organizations. His son, Ted, age 22 years, is living away from home and is in his own insurance business at his father's business address. His daughter, Pamela, age 21 years, is a marketing director, also for her father's insurance firm. His son, Elliot, age 19 years, is a student at the University of Illinois Circle Campus. His daughter, Jill, age 17, and daughter, Lisa, age 15, are still attending high school in this area.

Cook County, Illinois Circuit Court Criminal Division Felony Records and First Municipal District Criminal Court Misdemeanor Records, for the past seven years, indicates no record.

BENEFICIARY-PURPOSE OF INSURANCE: The beneficiary is listed as Trust. This is for family protection purposes. In the event of the demise of the applicant, his estate taxes could

Field Representatives Do Not Write in Space Below.

be paid out of this trust.

029/ch
lcc

Acct. No. 414-519 Date 9-27-82

Financial Supplement in connection with Special Service Life Report on SIMON L. BERNSTEIN

		Worth				Income
Cash in banks	$	15,000		Salary	$	
Accounts Receivable	$	10,000	Self-employed (Unincorporated)			
Net Cash Value Life Ins.	$	10,000	Gross Income $			
Real Estate	$	555,000	Expenses $			
Business Equity	$	700,000		Net income (adjusted gross)	$	
Stocks (not in above)	$			Bonus	$	
Bonds	$			Commission	$	200,000
Car(s)	$			Pension plan	$	30,000
~~Art~~ Pension plan	$	30,000			$	
Collections (Stamps, Coins, etc.)	$				$	
Personals (not in above)	$	100,000		Total Earned	$	230,000
Trust	$	~~250,000~~				
Total Assets	$	~~1,670,000~~				
Accounts Payable	$			Dividends	$	
Mortgages	$	301,000		Interest	$	
Secured Loans	$			Net Rentals	$	
Personal Loans	$				$	
Taxes/Interest Due	$				$	
Liens	$				$	
Judgments	$				$	
	$				$	
	$				$	
	$				$	
Total Liabilities	$	~~301,000~~		Total Unearned	$	0
Net Worth	$	1,369,000		Total Income (Earned and Unearned)	$	230,000

Remarks:

Worth/Income: How was worth acquired? Explain any facets of worth/income as needed for best understanding. Itemize key entries. (If financial statement obtained, show source and whether audited.) Cover worth/income of immediate family. Show who gave and confirmed worth/income figures.

Financial Reputation: Show what applicant and/or business and financial sources say about (1) worth/income increasing? Decreasing? Staying same? (2) Record of meeting obligations and living within means (3) financial pressure (4) future prospects.

Financial Records: Give type record, location and results (for example, mortgage, assessment, litigation, bankruptcy, financing statements (chattels), federal tax liens or other financial records).

WORTH/INCOME: Mr. Bernstein indicates that he did make a personal financial statement approximately one year ago, but refused to have a copy of this submitted to the field representative. He was cooperative in the sense that he did read off figures from the last financial statement. He has achieved his net worth through his own efforts and ambition.

Included in the above figures of the real estate entry of $555,000 is the current market value of his home in Glencoe, Illinois, valued at $400,000. That property currently has a $220,000 existing mortgage. Additionally, he owns 50% of a condominium in Fort Lauderdale, Florida, valued at $220,000 of which his share is $110,000 market value. His share of the outstanding $118,000 mortgage on that property would be $59,000. He is a one-third owner of a condominium unit in Cleveland, Ohio, which has a current total market evaluation of $135,000 of which his share would be $45,000. There is an existing $66,000 outstanding mortgage on that property of which he is personally responsible for one-third

Equifax Services Inc.
Equifax Services Ltd.
Form 18006—10-77 U.S.A.

or $22,000.

Included in the $700,000 business equity entry is the current book value of the Cambridge Associates of which he is a 50% owner and his share would be worth $200,000. He holds 50% of the stock in the S.B. Lexington, Incorporated of which the book value of that would be $500,000. He has an estimated $30,000 vested in four pension plans through insurance companies with which he writes business.

There is also a $250,000 trust fund associated with the S.B. Lexington, Incorporated. There is $500,000 in insurance renewals, but this is included in his share of the above firm.

The applicant indicated that he will earn an estimated $200,000 annually in the form of commissions and insurance renewals. He takes out $30,000 annually from pension plans with four insurance companies.

FINANCIAL REPUTATION: A local banking official indicates that the applicant and his firm have been banking at their bank over the past fifteen years and the bank has extended a high limit of credit in the low five figures on a secured basis. At the present time the applicant has a personal loan in the high four figures. This loan is being met as per agreement. Bank does not hold any of the applicant's personal or company accounts at this time. This banking source indicates that the applicant and his firm have a good future financial potential. Above financial information which was supplied by the applicant in a direct interview was stated to be accurate by an accounting source who has handled the accounting matters of the applicant and his firm over the past 5½ years. Banking, accounting, and legal sources indicate that his worth and income have been increasing steadily and he has a record of meeting his financial obligations very promptly. He has no financial pressures, good future outlook.

In the direct interview the applicant stated that he is currently in the process of waiting for a court decision in which he was named in a suit filed by the Marina Bank of Chicago involving a mortgage foreclosure on his home. The Marina Bank had attempted to foreclose on his mortgage of approximately $220,000. Applicant states he had used the home for collateral for a loan and there was a complete shakeup of banking officers of the Marina Bank. When the new officers were chosen, they in turn attempted to call in the mortgage on the applicant's property which was in 9¼% so that they could issue mortgages under the new rate of 17%. The chairman of the board of the Marina Bank met with

Field Representative: Do Not Write In Space Below.

the applicant in his office on three separate occasions, the last one being two weeks ago, at which time this party attempted to have the matter settled. The applicant states that in November of 1981 this matter was going into litigation and this was subsequently thrown out of court by the judge. Mr. Bernstein states that he will most likely bring a suit against the Marina Bank in which he will attempt to gain back court costs and damages against his personal reputation due to the litigation.

We have contacted the applicant's attorney who indicates that the above information is correct, but we have not received any detailed information as yet from the check of financial records. As soon as we have this information we will supplement this report.

FINANCIAL RECORDS: As mentioned above, in checking financial records we found that there is some adverse information registered in the applicant's name. As soon as these records are available we will supplement this report with our findings.

029/ch
lcc

Field Representatives: Do Not Write in Space Below.

9/16
Fac to CNA
Col Re

sent 9-20

9/16 Return to J2

BERNSTEIN, SIMON DOB [illegible]35 #2068421 APPEARS STD [illegible] APS ALLEN,
ASSOCIATED ALLERGISTS, REPORT OF CXR, BETTER COY OF IR.
COLOGNE RE HATTINGS CORR SHOULD READ BETTER COPY OF IR.

COLOGNE RE
STAMORD CT

#A36
• CLR STD

S. B. LEXINGTON, INC.

993 Lawler Ave., Suite 210
Skokie, Illinois 60077
Telephone (312) 677-4400

DATE: 9/13/82

TO: Jim

FROM: Diana

SUBJECT: S.B. LEXINGTON, INC. TRUST

Attached is the medical information on Mr. Bernstein.

I have ordered the APS from Dr. Allen.

The X-Ray is being forwarded under separate cover. Let me know if you need anything else. Thanks.

- Diana

equifax services

MAR 2 4 1982 CONFIDENTIAL

Acct. No. 414-519 | Agcy-Br. BS | Pol.-File # ns | Chicago E OFFICE

3/19/82 ns 11
BERNSTEIN, SIMON
Glencoe, Illinois, 620 N. Sheridan Rd.
Executive

REPORT FROM (If not city in heading) (State whether former addr., etc.)

Life
Kind of report

Date of Birth 12/3/35
Coverage $2,000,000 1009208

Class

We have made an appointment to interview the applicant as of 3/19/82 at his place ov business in Skokie, Illinois. The appointment is set for approximately 11 a.m. and we will follow with a completed report shortly.

105/sd

Equifax Services Inc.
Equifax Services Ltd.

Form 106—1-79 U.S.A.

Report transferred on _____ (date) To _____ (branch office)

JCK001072

DATAFLO SYSTEMS *an Equifax Company*

DRIVER RECORD INFORMATION A Dataflo Systems Service

MAR 2 6 1982

Obtained by DATAFLO SYSTEMS, on customer's behalf, from the state of motor vehicle records. Identification of driver based on information submitted.

ILLINOIS

NAME/ADDRESS	QUOTE BACK
BERNSTEIN, SIMON L 620 SHERIDAN RD GLENCOE, IL 60022	14/NONE SHOWN

DRIVER LICENSE NUMBER	REPORT DATE	DATAFLO SYSTEMS USE	ACCOUNT NUMBER
B55279235343	03/22/82	AY 01152	414519

SOCIAL SECURITY NUMBER	DMV ACCOUNT NUMBER
	00100

BIRTH DATE	SEX	HEIGHT	WT	EYES	HAIR	REQUESTED AS/ALSO KNOWN AS
12/02/35	M	5 08	165	BRWN	BRWN	

DRIVER LICENSE INFORMATION

CLASS	ISSUED	EXPIRES	STATUS	RESTRICTIONS
B* TYPE:2	06/23/81	12/02/83		0-0-0

MISCELLANEOUS AND STATE SPECIFIC INFORMATION

DRIV ED:N

DRIVING RECORD

TYPE	VIOL/SUSP DATE	CONV/REIN DATE	DESCRIPTION	VIOL/CONV CODE	PTS
99	04/19/80	10/06/80	SPEEDING 16-25 MPH ABV LIM-CLEAR COND 5224089	1 0601 05	20

equifax services

Confidential

SPECIAL SE[illegible] LIFE REPORT

This report contains information pertinent to Life Insurance Underwriting and was prepared for that purpose only.

Account No. 414-519 Dist., Agcy. or Br. ns Policy No. ns MAR 2 9 1982 Office: CHICAGO [illegible]

Date 3-25-82-15-11

Name BERNSTEIN, SIMON L.

Address Glencoe, IL 620 N. Sheridan Road

Occupation and Employer on Inq. Executive-S. B. Lexington, Inc. Skokie, IL 9933 Lawler Avenue

Date of Birth 12-2-35 (NOT 12-3-35) (No) (Yes)

Amt. applied for $ 2,000,000

Amt. now carried (all cos.) $ ns

Total Insurance $ 2,000,000

Beneficiary: 1st Arlington Nat'l Bank, trustee of S. B. Lexington (No) (Yes)

Date(s) Inspection Made 3-19-82- 3-22-82

1. Identity

A. How many days since you or sources have seen or talked to applicant? (If not within 2 weeks, explain.) today

B. Is date of birth on inquiry incorrect? ( ) (X)

C. Marital status? (M S Sep. Wid. Div.)

D. Number of children in household: 5

E. Reside with someone other than an immediate family member? (X) ( )

F. Is beneficiary someone other than an immediate family member? (If yes, cover relationship & reason.) (X) ( )

2. Occupation

A. Occupation, job, or employer differ from that given on inquiry? (X) ( )

B. Part-time or off-season occupation? (Describe fully.) (X) ( )

C. Change jobs frequently? (X) ( )

D. Plan to work or travel in foreign countries? (X) ( )

3. Aviation—Sports—Avocations

A. Flown as pilot or student pilot? (If yes, cover Handy Guide.) (X) ( )

B. Hazardous sports or avocations (racing, skin or scuba diving, sky diving, snowmobiling, hang gliding, etc.)? (X) ( )

4. Driving Record

A. Driver's license number: D652-7923-5343

and state or province: Illinois

B. Moving traffic violations? (Cover at least past 3 yrs.) (X) ( )

C. Traffic accidents? (Cover at least past 3 yrs.) (X) ( )

D. Driver's license suspended or revoked? (X) ( )

E. Own or drive motorcycle, motorbike, dune buggy, or high performance car? (X) ( )

5. Appearance—Impairments

A. Unusual build? (If yes, describe appearance.) (X) ( )

If interview, give: ht. 5'9" wt. 165

B. Deformity, amputation, blindness, deafness or other impairments? (X) ( )

C. Signs of nervousness or tension? (X) ( )

D. Ever rejected for military service or discharged for medical reasons? ( ) (X)

6. Health (Amplify as necessary on reverse.)

A. Personal Physician: Name Gilbert A. Allen

Address 1971 2nd St.

City & State or Province Highland Park, IL

1. Date last seen: 1 year ago

2. Why? physical-no specific complaint

3. Results: good health

B. Illness, injury, operation, past or present, not covered in 6A? (If yes, see reverse.) ( ) (X)

C. Use medication regularly? ( ) (X)

D. Family member (parents, brothers and sisters) had diabetes, cardiovascular disorder, or cancer? ( ) (X)

7. Smoking

A. Smoke cigarettes? (X) ( )

If yes, how long? # pkgs. a day

7. Smoking (Cont'd)

B. Stopped smoking? ( ) (X)

If yes, when? age 20

Why? health warnings

8. Interview Information (Alcohol—Drugs)

Alcohol (Amplify as necessary on reverse.)

A. 1. Use alcohol? (If no, see "B.") ( ) (X)

2. How often? once monthly

3. What? cordial, wine

(Cover additional alcoholic beverages in narrative.)

4. How many? 1

5. When? evening

6. Where? restaurant

7. Drive after drinking? (X) ( )

8. Any noticeable effects from alcohol use? (X) ( )

9. How long drinking? adult life

10. Drinking pattern changed? (X) ( )

11. Received counseling or treatment for alcohol use? (X) ( )

B. 1. Used alcohol in past? ( ) ( )

2. What?

3. How many?

4. How long?

5. When stopped?

6. Why stopped?

7. Received counseling or treatment for alcohol use? ( ) ( )

Drugs (Amplify as necessary on reverse.)

C. Use(d) or experiment(ed) with marijuana, LSD, or non-prescribed stimulants, depressants or narcotics? (X) ( )

9. Other Source Information (Alcohol—Drugs)

(Amplify as necessary on reverse.)

A. 1. Does applicant use alcohol? (If no, see "B.") ( ) (X)

2. Any personal observation of noticeable effects from drinking? (X) ( )

3. Drive after drinking? (X) ( )

4. Any known financial, job or personal problems caused by drinking? (X) ( )

5. Received counseling or treatment for alcohol use? (X) ( )

B. Used alcohol in past? ( ) ( )

C. Use(d) or experiment(ed) with marijuana, LSD, or non-prescribed stimulants, depressants or narcotics? (X) ( )

10. Personal

A. Except for traffic violations, ever been arrested? (X) ( )

B. Any comments about reputation, life style, or home environment? (X) ( )

11. Interview Information

A. Ever rated or declined for insurance? (X) ( )

B. Individual life insurance in force at this time? ( ) (X)

C. Group life insurance in force at this time? ( ) (X)

(If 11B-C answered "yes," give name of carrier and amount(s) in insurance history paragraph.)

12. Answer only if Family Policy:

Illness, injury or operation of other family members? (Past or present) ( ) ( )

13. If Family Life requested, complete & attach Family Supplement, Form 18008.

Report transferred on _____ To _____ (date) (branch office)

OVER

Remarks:

Insurance History: Quote insurance history below. If 11 B-C answered "Yes," comment.

Sources: In a numerical listing, give type of source (banker, neighbor, etc.), how known and time known for each. If previous reports, give number and longest time known. If records checked, type?

Interview: Give date and place interviewed. Cover conflicts between information from applicant and that from other sources. If applicant not interviewed, why?

Business History: Cover in chronological order for ¼ life-time to present. Give specific dates.

Present Business: Describe type, number of employees, range of operations. If part-time or other business connections, give details.

Duties: Describe duties. Cover "Yes" answers from questions 2 A-D. Cover Handy Guide questions when applicable.

Aviation—Sports—Avocations: Describe participation or interest in aviation, sports and avocations. Cover Handy Guide questions. Cover "Yes" answers from questions 3 A-B.

Driving: If 4 B-E answered "Yes," give details.

Health—Family History: Give details of "Yes" answers to questions 6 B-D.

Alcohol—Drugs: Give details of: noticeable effects of alcohol; any known related financial, job or personal problems; changes in usage; treatment. Cover use of other alcoholic beverages. Describe in detail present or past usage of marijuana, narcotics, sedatives, depressants, stimulants or hallucinogens.

Personal: Describe associates, home life, living conditions and neighborhood. Comment on social/club life if developed. On non-financial record checks—police, court, divorce, etc.—show type, location and results.

Beneficiary—Purpose of Insurance: Cover specific purpose for which insurance is being applied. If firm or partner named beneficiary, make reference to Business Insurance Report, Form 18007, attached.

Insurance History:

Date	Acct. No.	Amt. or Type Coverage	Fam. or Ind.
7-25-79	10586	$2,000,000	S. B. Lexington
1-22-78	172	500,000	Ind.
8-27-76	129-602	1,000,000	Ind.
7-19-76	118-755	1,000,000	Ind.
5-26-76	114-512	300/month	Ind.
3-23-76	10586	300,000	Ind.
12-30-75	875	300,000	Ind.
10-25-75	265	500,000	Ind.
2-07-75	165-566	500,000	Ind.
10-18-74	265	500,000	Ind.
6-19-73	217	1,250,000	Ind.
12-05-72	12	200,000	Ind.
11-11-71	12	500,000	Ind.

Mr. Bernstein has both individual and group life insurance. He could not give us a detailed breakdown of the policies or amounts.

CONSOLIDATION: Our Chicago Metroplex office handled this case by interviewing the applicant at his business address in Skokie, Illinois. Handling was also achieved at the applicant's current residence address, 620 N. Sheridan Road, Glencoe, Illinois.

Our central records section checked Cook County (residence county) suits and judgments records, criminal court records, federal bankruptcy records, and credit records in the name of the applicant. Their findings will appear in this report.

A motor vehicle record was ordered in the name of the applicant from our Springfield, Illinois Datafile office as of 3-15-82. The report will follow under a separate cover.

Field Representative: Attach Financial Supplement, Form 18006.
Use Continuation of Report, Form 5[illegible] for additional remarks.

18005R—10-77

SOURCES:

1. Interviewed applicant.
2. Business associate and partner who has known the applicant for the past 11 years.
3. Residential source who has known the applicant for the past six years especially through religious activity.
4. Owner of the building where the applicant has place of business who has known him for the past 15 years.
5. Local certified public accountant who has known and dealth with the applicant and his place of business for the past 5 years.
6. Local attorney who has represented the applicant and his place of business for the past 9 months.
7. Local banker who has known and salth with both the applicant and his place of business for the past 2 years since 1980.
8. Cook County suits and judgment records checked.
9. Cook County criminal court records checked.
10. Federal bankruptcy records checked.
11. Credit records checked.
12. Motor vehicle records ordered in the name of the applicant.
13. Thirteen previous reports covering the applicant for a total time of 20½ years with file having 13 sources.

INTERVIEW: Simon Bernstein was interviewed on the morning of 3-19-82 at his place of business in Skokie, Illinois. The applicant was most cooperative and cordial, and we developed no conflicts between the information supplied by him and that from other sources.

Field Representative: Do Not Write in Space Below.

BUSINESS HISTORY: Simon L. Bernstein was born on 12-2-35 in Flint, Michigan. He attended Central High School in Detroit, Michigan, and graduated from there in 1954. He furthered his education by attending the Highland Park Junior College in Detroit, and also the Detroit Institute of Technology. He did not graduate from these institutions.

After leaving school, the applicant started employment as a furniture salesman for Tower Furniture in Detroit, Michigan. He then was employed for a period of two years respetively at Chicago Furniture Mart and Lee Furniture, both in Chicago.

Between about 1960 and 1965, Mr. Bernstein became active in two family owned businesses known as Modern Age Furniture and the Bedding Shop. He operated these businesses for a period of about five years until 1965. Both businesses were located in Morton Grove.

Then in 1965, the applicant became a licensed insurance agent selling strictly for Aetna Life Insurance.

In about 1970, he established Bernstein & Associates, his own insurance agency. The name was changed in May, 1973, to S. B. Lexington, Inc.

PRESENT BUSINESS: S. B. Lexington, Inc. is an insurance agency and brokerage firm employing some eight people with a domestic scope. The firm is licensed to sell life, health, and accident insurance, and also is specially licensed through Richard K. Klink to sell property and casualty line insurance.

Mr. Bernstein is the 50 percent owner of this business with his current partner, Richard K. Klink.

Mr. Bernstein also indicated that he has been associated with a business known as S. T. P. Enterprises which stands for Shirley, Ted, and Pam. This also involves the sale of insurance, but he indicates that this firm is currently dormant.

We questioned the applicant regarding the names of three businesses that were named on his front door of his business office. D-A Associates, Cambridge Associates, and National Service Associates. The applicant states that these businesses are no longer in exsistance and stated that they were businesses that were located within the confines of his office, but that were not associated with him. The applicant was sub-leasing his office space at one time to these three businesses.