



BROKERHOUSE
INSURANCE

Brokerhouse Internal Drop Ticket

Complete and email to submit@brokerhouseins.com or fax to (205) 449-8608.
We will complete the on-line submission and provide you with updates.

Plan Information:

Carrier _____ Product _____ Death Benefit _____

Policy Name _____ Premium Mode _____

Underwriting Class Quoted: Preferred Standard Non-Smoker Smoker

Riders: WP ADB CIR Other _____

Proposed Insured:

Full Name _____ DOB _____ Gender _____

Address _____

City _____, St _____ Zip _____

SS # _____ Place of Birth _____ US Citizen Yes No

DL # _____ DL State _____

Phone Numbers: Cell _____ Home _____

Work _____ email _____

Reason for policy _____

Owner and Beneficiaries:

Owner _____

Primary Beneficiary _____ Relationship _____

Contingent Beneficiary _____ Relationship _____

Additional Information:

Annual Income \$ _____ Net Worth \$ _____

Employer _____ Occupation _____

Existing Coverage:

Carrier _____ Death Benefit _____ Replacing Yes No

Carrier _____ Death Benefit _____ Replacing Yes No



Agent Attestation:

How long have you known the Proposed Insured? _____

Are you related to the Proposed Insured? Yes No

Is the proposed insured using income from the spouse/domestic partner to financially justify the coverage applied? Yes No

Will the proposed contract replace or change any existing annuity or life insurance? Yes No

Applying for multiple policies? Provide details.

Answer only if proposed insured participates in Aviation activities. If underwriting results in a higher premium, indicate which of the following is preferred. (Check one)

- Pay the extra premium for coverage if death results from a covered aviation activity.
- Aviation exclusion rider (Not available in all States, and subject to underwriter discretion).

Remarks:

I Authorize Brokerhouse to submit an electronic application for my client based on the information I have provided. Brokerhouse may contact my client on my behalf to gather an omitted information.

(Agent Initials) _____