



BROKERHOUSE
INSURANCE

Brokerhouse Internal Drop Ticket

Complete and email to jturner@brokerhouseins.com or fax to (770) 995-4161.
We will complete the on-line submission and provide you with updates.

Important Note: If business owned, please complete full e-App or paper application.

Plan Information:

Carrier (check one) Banner Protective Cincinnati Lincoln Pacific Life

Product: _____ Death Benefit _____ Premium Mode _____

Underwriting Class Quoted: Preferred Plus 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 \$ _____ Total Assets & Liabilities \$ _____

Employer _____ Occupation _____



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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

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 omitted information.

(Agent Initials) _____

Agent name _____

Telephone # _____ **Email address** _____