

# DROP TICKET WORKSHEET – NOT AN APPLICATION FOR INSURANCE

## 1. PROPOSED INSURED INFORMATION

First Name  Middle Initial  Last

Maiden   M  F Social Sec #  Driver's Lic #

Date of Birth  Occupation

Address  City

State  Zip  Email

Daytime Phone  Ext.  Evening Phone

Will the Proposed Insured require a Spanish Translator?  Yes  No

Is the owner other than the Proposed Insured?  Yes  No

## 2. POLICY INFORMATION *(Required for submit)*

Solicitation State  Policy Delivery State  Death Benefit Amount

Insurance Carrier  Specific Product Name

**Optional Riders** *(When Available):* Children's Rider  Number of Units *(Term only, 1 unit = \$1,000 of coverage)*

Waiver  Accidental Death Benefit  Terminal Illness Rider  Disability Income Rider

## 3. PAYMENT INFORMATION *(Needed based on carrier)*

**Premium Mode Direct Bill:** Annual  Semi-Annual  Quarterly  Monthly Electronic Funds Transfer (EFT)

Banking Institution

Routing #  Account #

## 4. PROPOSED INSURED HISTORY – TOBACCO USE

Use Now  **No Tobacco or Nicotine:** In the Last 5 years  In the Last 3 years  In the Last 2 years  In the Last year

**5. PURPOSE OF INSURANCE**

**If Personal:** Income Replacement  Debt Repayment  Estate Conservation  Other  (please specify)

Gross Annual Income  Household Income  Net Worth

Total Assets  Total Liabilities

**If Business:** Buy-Sell  Key Employee  Secure Credit  Other  (please specify)

Total Assets  Total Liabilities  Net Worth

What percentage of the business do you own?  Gross Annual Salary (include bonus)

Is business insurance applied for or in force on other key members of the business?  Yes  No

**6. BENEFICIARY INFORMATION (If percentage shares are not given, they will be equal)**

Primary  Contingent  Name  % of Share

Relationship  SSN or Tax ID  Date of Birth

Primary  Contingent  Name  % of Share

Relationship  SSN or Tax ID  Date of Birth

Primary  Contingent  Name  % of Share

Relationship  SSN or Tax ID  Date of Birth

Primary  Contingent  Name  % of Share

Relationship  SSN or Tax ID  Date of Birth

**7. REPLACEMENT INFORMATION**

**A.** Does the Proposed Insured/Owner have any existing life insurance or annuities?  Yes  No  
(If "yes", complete questions B-F on the following page)

**7. REPLACEMENT INFORMATION** *(If you answered "yes" to question 7A, complete B-F below)*

**B.** Will the insurance applied for replace, end or change any existing life insurance or annuities?  Yes  No

**C.** Is Proposed Insured/Owner considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating the existing policy or contract?  Yes  No

**D.** Is the Proposed Insured/Owner considering using funds from existing policies or contracts to pay premiums due on the new policy or contract?  Yes  No

**E.** The Proposed Insured/Owner

declined to have the Agent read the "Important Notice: Replacement of Life Insurance or Annuities" form to them.

had the Agent read the "Important Notice: Replacement of Life Insurance or Annuities" form to them.

**F.** Please provide information on the existing policy or policies.

Company Names	Face Amount	Year Issued	To Be Replaced?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

**8. PROPOSED OWNER INFORMATION** *(If different from the Proposed Insured)*

Full Name  SSN or Tax ID

Date of Birth/Trust  Relationship

**Owner is:** Partnership  Individual  Corporation  Trust  Other, Please Specify

Address  City

State  Zip  Percentage

**REMEMBER THAT INFORMATION SENT BY EMAIL OR FAX IS NOT, BY ITSELF, SECURE.**

This Drop Ticket Worksheet may be used to gather information necessary to complete a Drop Ticket. It is not an application for insurance and will not be used to underwrite insurance or create any financial liability for any carrier.