J.L. Thomas & Company, Inc.
Life Insurance Brokerage
A LIFEMARK PARTNER

JLTexpress App

(Drop Ticket Term Life Ins. Ticket) 12.18

Client Information					
First Name:		Middle:		Last Name:	
DOB:	Male ☐ Female ☐	Driver's Lic. #:		SS#:	
Phone#:		E-mail:			
Address:		City:		State:	ZIP:
Country of Birth:		State of Birth:		Years at Address:	
US Citizen: Yes ☐ No ☐		Employer:		Occupation:	
Best Time to Contact Client: Morning ☐ Evening ☐ Afternoon ☐				Income:	Assets:
Bankruptcy: Yes ☐ No ☐		If yes, when and discharged?		Liabilities:	Net Worth:

Beneficiary Information					
First Name:		Middle:	Last Name:		
SSN or Tax ID:	D.O.B.:	Relationship:	Amount%:	Primary ☐ Contingent ☐	
Beneficiary Information *(If Applicable)*					
First Name:		Middle:	Last Name:		
SSN or Tax ID:	D.O.B.:	Relationship:	Amount%:	Primary ☐ Contingent ☐	

Underwriting Questions		
Height:	Weight:	Member of the Armed Forces? Yes ☐ No ☐ Past Member ☐
Have you ever used tobacco? Yes ☐ No ☐	*If Yes, Date last used and type of tobacco:*	
Do you have a history of alcohol or substance (drug) abuse?		Yes ☐ No ☐
Have you had any DUIs or reckless driving in the past 10 years?		Yes ☐ No ☐
Have you had more than two moving motor vehicle violations in the past 3 years?		Yes ☐ No ☐
Has either parent or sibling had a history or passed away of cardiovascular disease, diabetes, or cancer prior to age 60?		Yes ☐ No ☐
Have you had a life, health or disability insurance policy rated or declined?		Yes ☐ No ☐
Do you currently or plan to scuba dive, skydive, mountain climbing, pilot or any extreme sports?		Yes ☐ No ☐
Has insurance been declined, postponed, and offered other than applied for in the last year?		Yes ☐ No ☐
Are you currently applying, or have you applied for life insurance within the last year?		Yes ☐ No ☐
Do you reside or travel or plan to travel outside the U.S or Canada?		Yes ☐ No ☐
If age 50 or greater, do you have a primary care physician and evidence of routine physicals?		Yes ☐ No ☐
If "Yes" answer given, please provide details:		

Exiting Policy Information			
Do you have any existing life insurance or Annuities? Yes ☐ No ☐		Are you replacing your existing Life Insurance? Yes ☐ No ☐	
Carrier Name	Face Amount	Replacement?	Yr. Issued
		Yes ☐ No ☐	
		Yes ☐ No ☐	

Ownership Information *(If Different Than Proposed Insured)*		
First Name:	Middle:	Last Name:
SSN or Tax ID:	Relationship:	D.O.B.:

Proposed Policy Information			
☐ AIG ☐ Banner ☐ Cincinnati ☐ Lincoln ☐ Pacific Life ☐ Principal ☐ Protective ☐ Prudential ☐ Omaha ☐ SBLI ☐ William Penn			
Plan Name:	Premium:	Face Amount:	Class Quoted:
Temporary Insurance? Yes ☐ No ☐	Save Age: Yes ☐ No ☐	☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly	
State of Sale:	Any Pending Insurance? Yes ☐ No ☐	Purpose of Insurance:	
☐ Waiver of Premium ☐ Accidental Death Benefit ☐ Accelerated Benefit Rider ☐ Return of Premium ☐ Child Rider			

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Producer Information		
First Name:	**Middle:**	**Last:**
SSN:	**Email:**	**Phone:**
Did you see the client during the sale? Yes ☐ No ☐	**Are you related to the proposed insured? Yes ☐ No ☐ If Yes, How?**	**Are you delivering the policy face to face? Yes ☐ No ☐**
Knowledge of proposed insured: Self ☐ Known well for _____years? Know Slightly ☐ Met Very Recently ☐ Other:		
Second Producer Information		
First Name:	**Last:**	**Commission Split %**
SSN:	**Email:**	**Phone:**
Any Processing Details ?		