



## JLExpress App Checklist

Make sure your case is a good fit for our JLExpress App process.  
Please contact Pat Baker if you have questions.

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## Case Checklist

- ✓ This case was **NOT** Quick Quoted for underwriting issues.
  - *If yes, please review with a team member.*
- ✓ This client does **NOT** have an e-mail account.
  - *If not, this case is not a good fit.*
- ✓ The owner and the proposed insured are **NOT** the same person.
  - *If not, this case is not a good fit.*
- ✓ The proposed insured is **NOT** 18 -75 years old.
  - *If not, this case is not a good fit.*

## Carriers Available





**Client Information**

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

**Beneficiary Information**

<b>First Name:</b>		<b>Middle:</b>		<b>Last Name:</b>	
<b>SSN or Tax ID:</b>	<b>D.O.B.:</b>	<b>Relationship:</b>	<b>Amount%:</b>	<b>Primary</b> <input type="checkbox"/> <b>Contingent</b> <input type="checkbox"/>	

**Beneficiary Information (If Applicable)**

<b>First Name:</b>		<b>Middle:</b>		<b>Last Name:</b>	
<b>SSN or Tax ID:</b>	<b>D.O.B.:</b>	<b>Relationship:</b>	<b>Amount%:</b>	<b>Primary</b> <input type="checkbox"/> <b>Contingent</b> <input type="checkbox"/>	

**Underwriting Questions**

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

**Exiting Policy Information**

<b>Do you have any existing life insurance or Annuities? Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>		<b>Are you replacing your existing Life Insurance? Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>			
<b>Carrier Name</b>	<b>Face Amount</b>	<b>Replacement?</b>	<b>Yr. Issued</b>		
		<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>			
		<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>			

**Ownership Information (If Different Than Proposed Insured)**

<b>First Name:</b>		<b>Middle:</b>		<b>Last Name:</b>	
<b>SSN or Tax ID:</b>		<b>Relationship:</b>		<b>D.O.B.:</b>	

**Proposed Policy Information**

<input type="checkbox"/> <b>AIG</b> <input type="checkbox"/> <b>Banner</b> <input type="checkbox"/> <b>Cincinnati</b> <input type="checkbox"/> <b>Lincoln</b> <input type="checkbox"/> <b>Pacific Life</b> <input type="checkbox"/> <b>Principal</b> <input type="checkbox"/> <b>Protective</b> <input type="checkbox"/> <b>Prudential</b> <input type="checkbox"/> <b>Omaha</b> <input type="checkbox"/> <b>SBLI</b> <input type="checkbox"/> <b>Securian</b>							
<b>Plan Name:</b>		<b>Premium:</b>		<b>Face Amount:</b>		<b>Class Quoted:</b>	
<b>Temporary Insurance? Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>		<b>Save Age: Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>		<input type="checkbox"/> <b>Annual</b> <input type="checkbox"/> <b>Semi-Annual</b> <input type="checkbox"/> <b>Quarterly</b> <input type="checkbox"/> <b>Monthly</b>			
<b>State of Sale:</b>		<b>Any Pending Insurance? Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>		<b>Purpose of Insurance:</b>			
<input type="checkbox"/> <b>Waiver of Premium</b> <input type="checkbox"/> <b>Accidental Death Benefit</b> <input type="checkbox"/> <b>Accelerated Benefit Rider</b> <input type="checkbox"/> <b>Return of Premium</b> <input type="checkbox"/> <b>Child Rider</b>							



**Producer Information**

<b>First Name:</b>	<b>Middle:</b>	<b>Last:</b>
<b>SSN:</b>	<b>Email:</b>	<b>Phone:</b>
<b>Did you see the client during the sale?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Are you related to the proposed insured?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, How?	<b>Are you delivering the policy face to face?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Knowledge of proposed insured:</b> Self <input type="checkbox"/> Known well for _____years? Know Slightly <input type="checkbox"/> Met Very Recently <input type="checkbox"/> Other:		

**Second Producer Information**

<b>First Name:</b>	<b>Last:</b>	<b>Commission Split %</b>
<b>SSN:</b>	<b>Email:</b>	<b>Phone:</b>

**Any Processing Details ?**