



*The Pickett Group Application Ticket is an alternative to the traditional life insurance application process that can streamline the application process for you and your clients.*

**What is the application ticket:**

For all of your term life cases where the *owner and insured are the same person*, this 1.5 page, *no-signature* ticket application allows the producer to focus more time with new prospects and less time “working the application”.

Pickett Group takes over once we receive the completed ticket. Our office will produce a complete application, schedule the paramedical exam, order APS’ and manage the entire underwriting process.

**Benefits:**

- Simplification of the application process
- Improves issue times and closing rates
- Reduces requests for additional informal and medical requirements
- Eliminates the redundancy of the process by asking questions one time

**How it works:**

1. Agent completes *all* questions on ticket application and submits to PGI
2. PGI completes formal application and forwards paperwork to Portamedic
3. Portamedic coordinates exam, completes exam and gets owner/insured signatures
4. PGI submits completed application to carrier
5. PGI orders APS if needed
6. PGI negotiates for best underwriting offer

# APPLICATION TICKET



## Section A: Proposed Insured Information

- Proposed Insured Full Name: \_\_\_\_\_
- Sex (M/F) \_\_\_\_\_
- Previous Name (if changed): \_\_\_\_\_
- Marital Status: \_\_\_\_\_
- DOB: \_\_\_\_\_
- Soc. Sec. #: \_\_\_\_\_
- Birth State/Country: \_\_\_\_\_
- Residence Address: \_\_\_\_\_
- City \_\_\_\_\_
- State \_\_\_\_\_
- Zip \_\_\_\_\_
- How long resided?: \_\_\_\_\_
- Home Phone: \_\_\_\_\_
- Cell Phone: \_\_\_\_\_
- US Citizen(Y/N) \_\_\_\_\_
- If no, date of entry: \_\_\_\_\_
- Visa Type: \_\_\_\_\_
- Visa Exp: \_\_\_\_\_
- Driver's License #: \_\_\_\_\_
- DL state: \_\_\_\_\_
- DL Expiration: \_\_\_\_\_
- Driver's License Name: \_\_\_\_\_
- Employer: \_\_\_\_\_
- Occupation: \_\_\_\_\_
- Employer Address: \_\_\_\_\_
- City \_\_\_\_\_
- State \_\_\_\_\_
- Zip \_\_\_\_\_
- Employer Phone: \_\_\_\_\_
- How long employed: \_\_\_\_\_
- Duties: \_\_\_\_\_
- Annual Income: \_\_\_\_\_
- Unearned Income: \_\_\_\_\_
- Household Income: \_\_\_\_\_
- Net Worth: \_\_\_\_\_
- Assets: \_\_\_\_\_
- Liabilities: \_\_\_\_\_
- Email: \_\_\_\_\_
- Time to call: \_\_\_\_\_

## Section B: Policy Information

- Company: \_\_\_\_\_
- Plan Type: \_\_\_\_\_
- Amount Applied for: \_\_\_\_\_
- Reason for Insurance: \_\_\_\_\_
- Risk Classification: \_\_\_\_\_
- Nicotine Classification: \_\_\_\_\_
- How long has it been if you have stopped smoking?: \_\_\_\_\_
- If stopped, type and quantity of tobacco or nicotine used: \_\_\_\_\_
- Premium Payment Mode: \_\_\_\_\_
- Method: \_\_\_\_\_
- Date to save age? (Y/N): \_\_\_\_\_
- Specific Policy Date (Y/N): \_\_\_\_\_
- If yes, what date? : \_\_\_\_\_
- Riders: \_\_\_\_\_
- Payor Name: (only if different than the Owner): \_\_\_\_\_
- Payor Address: \_\_\_\_\_
- City \_\_\_\_\_
- State \_\_\_\_\_
- Zip \_\_\_\_\_
- SS or Tax ID: \_\_\_\_\_
- Relationship: \_\_\_\_\_
- Phone: \_\_\_\_\_

## Section C: Personal History

YES NO

- Are you a Pilot or becoming one?
  - Will you travel outside the US in the next 2 years?
  - Are you a member of the armed forces, or have signed up to do so?
  - Have you ever had a heart attack, stroke, cancer, diabetes, or immune disorder?
  - Have you been hospitalized in last 2 years?
- In the past 10 years;
- Have you received Workers Comp/Social Security/ or Disability income?
  - Have you been involved with Motor Racing/SCUBA diving; Mountain climbing/skydiving/rodeos/ or any other sport considered extreme?
  - Has your Driver's License been denied, suspended or revoked?
  - Have you filed for Bankruptcy?
  - Have you had any Driving Violations? DUI's?
  - Have you been Arrested/convicted/imprisoned?

**12. IF YES;** to any of the previous questions please provide specific details:

---



---



---



---

### Section D: Beneficiary Information

Primary

1. Name: \_\_\_\_\_  
 2. Soc Sec #: \_\_\_\_\_ 3. DOB: \_\_\_\_\_  
 4. Relationship: \_\_\_\_\_ 5. %Share: \_\_\_\_\_

Secondary or Contingent

6. Name: \_\_\_\_\_  
 7. Soc Sec #: \_\_\_\_\_ 8. DOB: \_\_\_\_\_  
 9. Relationship: \_\_\_\_\_ 10. %Share: \_\_\_\_\_

### Section E: Inforce Insurance Information

1. Do you have any current inforce life insurance? If Yes, Please note below, If none please write "None"
2. Is any application for life insurance pending with any other company? If yes, please note below
3. Are there any life insurance policies on the life of the insured that you do not own, including but not limited to any that you have sold or settled? If yes, please note below

4. Company	Amount	Issue Date	Inforce / Pending	Policy #	Type: Business or Personal	Replacing?		Beneficiary
						Yes	No	

5. Have you ever had an application for life or health insurance declined, postponed, modified, rater or offered with a reduced face amount? If yes, please explain

---



---