



Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141
Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496
cinfin.com ■ 513-870-2000

Drop Ticket

Date _____

Agent name _____ Agent code _____

Agency name _____ Agency code _____

Proposed insured name _____

State _____ Date of birth _____ Save age SS# _____

Gender Male Female Smoker/Tobacco Yes No

Rate class Preferred Plus Preferred Standard Plus Standard

Type of rating Percentage _____% Table rating A B C D

Flat extra \$ _____ E F Other _____

Type of Insurance

10-Year Term 30-Year Term Whole Life Face amount \$ _____

15-Year Term 20-Year ROP Universal Life

20-Year Term 25-Year ROP

25-Year Term 30-Year ROP

Contact Information

What number should be called? Residence Business Mobile

Phone number _____ Best time to call AM PM

Address _____
(Street, City, State, ZIP)

Proposed Owner

Insured Other Person Corporation Trust

If Other Person, complete the following:

Name _____
(First, Middle, Last, Suffix)

SS# _____ Relationship _____

Address _____
(Street, City, State, ZIP)

Email address _____

If Corporation or Trust, complete the following:

Corporation/Trust Name _____

Address _____
(Street, City, State, ZIP)

Policy Information

Is the prospective policy to replace existing insurance? Yes No If Yes, reason _____

What is the purpose of this insurance? Buy/Sell Family Protection Income replacement
 Key Man Other _____

Exam provider: EMSI ExamOne APPS MediPro

Riders/Benefits

Accidental Death Benefit \$ _____ Waiver of Premium Rider
 Child Insurance Rider \$ _____ _____ \$ _____

Existing Coverage

Have you ever or are you considering selling this or any other life insurance contract to a Viatical or Life Settlement company or any other party? Yes No

List all life insurance or annuities the proposed insured has in force with The Cincinnati Life Insurance Company or any other company, including any applications pending and indicate if any are to be replaced, changed, or borrowed against as a result of this application. None

If in force policy(s), please provide information: _____

Does the proposed insured have any life insurance policies or annuities in force with The Cincinnati Life Insurance Company or any other company? Yes No

If Yes, please provide information: _____

Payment Information

Payment method Direct bill EFT Payment frequency Annual Semi-annual Quarterly Monthly

Does the insured intend to finance any of the premium required to pay for this policy? Yes No

Payor Information

Is the insured also the payor? Yes No If no, complete the following:

Name _____

Address _____
(Street, City, State, ZIP)

Agent Information

Is there to be any split commission with another agent? Yes No

Agent name _____ Commission % _____

Agent code _____ Agent not yet contracted Agent contract number unknown

Are you aware of any other information that would adversely affect the Proposed Insured's eligibility, adaptability or insurability? Yes No

Does the Proposed Insured have any existing or pending annuities or life insurance policies? Yes No

Is more than one application being submitted to Cincinnati Life? Yes No

Additional comments/remarks (to carrier, fulfillment center will not see remarks) _____
