

QUOTE REQUEST

Disability Insurance

QUOTE DETAILS

Type of Quote: Individual Disability Overhead Expense Disability Buyout Key Person

Representative: _____ Phone/Email: _____

Client Name: _____ DOB: _____ Height: _____ Weight: _____

Gender: Male Female State: _____ Tobacco?: _____

Cigarettes, chew, cigar, pipe, nicotine gum, or date quit

EMPLOYMENT

Occupation: _____ Duties: _____

How long at present employer? _____ Self-Employed? No Yes

Annual Gross Salary: _____ *Before taxes and after expenses (including tips, fees, and commissions)*

Bonus Income: _____ Other Income (K1): _____

EXISTING DISABILITY INSURANCE

Do you have existing Disability Insurance? No Yes

Existing Group Long-Term Disability: No Yes

Existing Individual Disability: No Yes

Monthly Benefit: _____

Monthly Benefit: _____

Benefit Period: _____

Benefit Period: _____

Elimination Period: _____

Elimination Period: _____

HEALTH INFORMATION

Is your health impaired in any way? (diabetes, depression, anxiety, asthma, etc.) No Yes (provide details)

Do you take any medications? No Yes (provide details)

Have you been advised by a physician to reduce your alcohol consumption? No Yes

ADDITIONAL INFORMATION

Do you participate in scuba diving, racing, mountain climbing, hang gliding, skydiving, or are you a pilot? No Yes

Have you had your drivers license suspended or revoked? No Yes

Have you been convicted of a felony? No Yes

Have you used LSD, cocaine, or any illegal narcotics? No Yes