

Information Needed for a Disability Income Insurance Quote

How much money would you need every month to pay your bills at home? _____

Where would that money come from and is it guaranteed? _____

How long could you go without a check? 60 Days 90 Days 180 Days 365 Days

How long would you want the check to continue? 2 Years 5 Years to age 65 67 70 beyond

Are you concerned about inflation? Yes No

Could you see yourself getting back to work part time if you become disabled? Yes No

Would it affect your income? Yes No

NOTE: Remind client that disability premiums may total 2-3% of their annual gross earnings

Name of Prospect _____

Birthdate _____ Sex _____ State of Residence _____ State Written _____

Annual Earned Income _____

Please break down: (salary, bonus, pension contribution, and profit sharing)

Smoker Yes No

Any Health Problems? (List) _____

Occupation and Duties (complete details needed) _____

Number of Years as Owner of Current Business? _____ % of Ownership _____

of Employees _____ Work Out of Home? Yes No

% of Time doing Physical / Manual Duties _____

Type of Business Entity – C-Corp, S-Corp, Other _____

Will the Entity be Paying the Premiums? Yes No

Existing DI Coverage Inforce _____

Replace Existing Coverage Yes No

Or print & fax your form to: (866) 590 3161