

Disability Income Quote

Date _____
Name _____ Phone (H) _____ Phone (W) _____
Address _____

Male/Female _____ DOB _____ Height _____ Weight _____

Used tobacco in the last 12 months? _____

Pre-existing conditions? _____

Medications & reasons? _____

Ever treated for alcohol or drug addiction? _____ If so, when? _____

Any DUI or speeding tickets in the last 5 years? _____

Drive or ride a motorcycle? _____ Self employed? _____

Any family member participated in any hazardous sports or activities (motor vehicle or boat racing, hand gliding, sky, skin, or scuba diving, pilot or student pilot) in the last 3 years? _____

Occupation _____ Job Description _____

How long in present profession? _____ Monthly/Annual Income _____

Spouse Name _____ DOB _____ Height _____ Weight _____

Used tobacco in the last 12 months? _____

Pre-existing conditions? _____

Medications & reasons? _____

Ever treated for alcohol or drug addiction? _____ If so, when? _____

Any DUI or speeding tickets in the last 5 years? _____

Drive or ride a motorcycle? _____ Self employed? _____

Occupation _____ Job Description _____

How long in present profession? _____ Monthly/Annual Income _____

REQUESTED COVERAGES

Monthly Benefit _____

Benefit Period 2Y _____ 5Y _____ Age 65 _____

Elimination Period 30 _____ 60 _____ 90 _____ 180 _____ 365 _____

Mode of Premium A _____ S _____ Q _____ C _____

Social Insurance Rider? _____ Partial Disability Rider _____

Future Purchase Option _____

Additional Comments _____
