

Disability Income Quote Worksheet

*If you owned a machine that kicked out \$35,000 cash per year, you would insure it, wouldn't you? Make sure you are insuring your most valuable asset – your earning potential! These are some of the questions you will be asked when we contact you for a quote.*

**Name:** \_\_\_\_\_ **Business Name:** \_\_\_\_\_

**Tobacco User: Yes:** \_\_\_\_ ( **Type:** \_\_\_\_\_ ) **# per day:** \_\_\_\_\_

**Date-of-Birth:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Premiums will be (circle):** Individual Pay    Employer Pay

**Occupation:**

\_\_\_\_\_  
**Specific Duties / Specialty(please be specific):**

\_\_\_\_\_  
**If business owner: Yrs of ownership** \_\_\_\_\_ **% of ownership** \_\_\_\_\_ **# employees** \_\_\_\_\_

**Industry Type:** \_\_\_\_\_ **Circle one:** C-Corp    S-Corp    Sole Prop.    Partnership

**Percent of time performing physical or manual labor** \_\_\_\_\_

**Annual Earned Income:** \_\_\_\_\_

**Requested Monthly Benefit:** \_\_\_\_\_ **Amount of any DI in Force (both individual and group)** \_\_\_\_\_

**Health History:**

**Back problems; Taking Anxiety or Anti-depression medications or Counseling; Sleep Apnea; Diabetes; Heart Conditions; Substance Abuse or any other significant health history you are aware of. (Please be as specific as possible giving date of onset, treatment, medications and dosages, and prognosis.)**