Disability Quote Request

Agent Name:
Name: _____

Client Information:
Name_____ DOB/Age_____
Sex: Male /Female Tobacco Use: Yes / No Resident State: _____ Work State:_____
Net Annual Income: Salary: $_____Bonus (2 yr. avg.) $ _____
Occupation _____
Job Description/Duties _____
Business Owner: Yes / No If Yes: C Corp. / S-Corp. / LLC / Partnership / Sole Proprietor
Number of Employees: Full Time:_____ Part Time: _____ Years in Business: _____
Group DI Inforce: _____Taxable Benefits: Y / N Carrier _____
Indiv DI Inforce: _____Taxable Benefits: Y / N Carrier _____
Medical Conditions_____
Medicine (Name, Dosage) _____
_____

Individual Policy Information:
Monthly Benefit: Base$_____ SIS$_____ Retirement$_____
Premium Payer: Employee/ Employer Waiting Period: 7 days/ 30 / 60 / 90 / 180 / 365
Benefit Period: 3 mos / 6 mos / 1 yr / 2 yrs / 5 yrs / age 65 / age 67 / age 70 / Lifetime
Riders: Residual / Cola / Guar. Insurability / CAT / Transitional Your Occ / Own Occ
Other Information_____

Business Overhead / Buy Sell / Business Protector
Ownership %: _____ Monthly Expenses $_____
Business Value $_____ Loan Amount $ _____

BOE	**DBS**
Benefit: Monthly: $_____	Lump Sum:$_____ Monthly:$_____
Waiting Period:30 days /60 days/ 90 days	365 days / 540 days / 730 days
Benefit Period: 12 mos/ 18 mos/ 24 mos	2 yrs / 3 yrs / 5 yrs / Lump Sum

CPI Companies Design Team: 856.874.1250
Curt Abbott & Jason Black