



## Disability Insurance Quote Request

### **Agent Information**

1. Agent Name
2. Phone number
3. Email

### **Client Information (basic)**

1. What is your client's name?
2. What is your client's gender?
  - male
  - female
3. What is your client's resident State?
4. What is your client's date of birth?

### **Client Information (health history)**

1. What is your client's build?
  - height
  - weight
2. Has your client used any tobacco products within the past 12 months?
  - yes
  - no
3. Please list any health conditions, medications, dosages and/or hospitalizations during the past 10 years:

### **Client Information (occupation)**

1. What is your client's employment status?
  - W2 Employee

- Self Employed
  - If physician:
    - Student?
    - Resident Physician?
    - Specialist?
2. What is your client's occupation (please indicate specific daily duties, board certifications, etc)?
  3. How long has your client been held their current position?
  4. What is your client's annual income?
    - W2 Employee gross income
    - Self-employed net income

### **Client Information (current coverage)**

1. Does your client currently have Disability Insurance?
  - yes (individual plan)
  - yes (group plan)
  - no
  - unsure
2. If yes, what are the coverage parameters?
  - Carrier Name?
  - Monthly Benefit?
  - Benefit Period?
  - Elimination Period?
  - Riders?
  - Premium?
3. Does your client's benefit coordinate with Social Security?

### **Illustration Design**

1. What type of Disability Insurance product quote do you need?
  - Personal
  - Business Overhead
  - Worksite/Group
2. What Monthly Benefit do you want quoted for your client?
  - Specified Monthly Benefit amount
  - Max Monthly Benefit available
3. What Benefit Period do you want quoted for your client?  
(note: all quotes will include an alternative benefits page)
4. What Elimination Period do you want quoted for your client?  
(note: all quotes will include an alternative benefits page)

5. What Riders do you want quoted for your client?

(note: all quotes will include an alternative benefits page)

- Own Occupation
  - 2 year
  - 5 year
  - 10 year
  - To Age 65 (not working)
  - True Own Occupation To Age 65
- Future Increase Option
- Inflation Protection (COLA)
- Residual Benefit/Partial Disability
- Retroactive Injury
- Return of Premium

6. What type of contract do you want quoted for your client?

- Guaranteed Renewable
- Non-Cancellable

7. Would you also like to have a Life Insurance or Critical Insurance quote for this client?

- yes
- no

8. If so, what would you like to see quoted:

Other Comments:

[CONTINUE](#)