
PERSONAL INFORMATION

- 1. First Name _____ MI _____ Last Name _____
- 2. Birth Date _____ Gender Male Female
- 3. Resident State _____
- 4. Work State _____
- 5. Tobacco Use Yes No
- 6. Height and Weight:
- 7. Describe any medical concerns present last 5 years:

VOCATION INFORMATION

- 8. Occupation _____ 7. Years Employed _____
- 9. Job Title _____
- 10. Description of Job Duties: _____
- 11. Annual Income _____ Bonus _____ Unearned Income _____
- 12. Work From Home? (if Yes, %of time at home) Yes No _____
- 13. Self Employed or Business Owner? Yes No
- 14. Number of full time employees: _____
- 15. Type of Business: _____
- 16. Former Occupation / Duties (if less than 1 full year in business) _____

DISABILITY POLICY QUESTIONS

- 17. How long do you want the DI Policy for? 10 Years To age 65 To age 67
- 18. How long can you wait before collecting benefits? 0 Days 90 Days 180 Days 365 Days
- 19. Would you like your benefit adjusted for inflation protection? Yes No
- 20. How much benefit are you looking for? _____ Maximum (typically ¾ Income)
- 21. Describe any Disability coverage currently in force:
 - Individual, Amount: _____
 - Group, Amount: _____
 - Does employer pay the premium?
 - Is this quote for additional coverage
 - Is this quote for replacement coverage?