CBS | BROKERAGE

Disability Insurance Proposal Request

Agent Information

Agent:_____ Telephone:_____ Ext:_____

Contact:_____ Affiliation:_____

How should we return the illustration? (Please check one)

☐ Email:_____ ☐ Fax: _____ ☐ Other:_____

Client Information

Prospect:_____ ☐ Male ☐ Female

Date of Birth:_____ State of Residence:_____ State Written In:_____

Occupation (Be specific):_____ Tobacco Use? ☐ Yes ☐ No

Specific Duties (Time spent doing each):_____

Salary or Net Income:_____

Is Client: ☐ Salary Employee? ☐ Sole Prop? ☐ LLC/Partnership? ☐ S-Corp Owner? ☐ C-Corp Owner?

If business owner, length of time owned:_____ Number of Employees:_____

Is there other coverage in force? ☐ Yes ☐ No Group LTD $_____ Individual DI $_____

Medical Conditions:_____

Carrier Preference:_____

Benefits To Quote: Disability Insurance

Monthly Benefit: $_____ or ☐ Maximum Available

Elimination Period: ☐ 30 days ☐ 60 days ☐ 180 days ☐ 365 days ☐ 730 days

Benefit Period: ☐ 2 years ☐ 5 years ☐ Age 65 ☐ Age 67

Optional Benefits: ☐ Own Occ ☐ Residual ☐ COLA ☐ Future Purchase ☐ Social Security Rider ☐ Show All

Benefits To Quote: Business Overhead Expense (BOE)

Monthly Benefit: $_____ (Only expenses that would continue during disability)

Elimination Period: ☐ 30 days ☐ 60 days ☐ 90 days

Benefit Period: ☐ 12 Months ☐ 18 Months ☐ 24 Months

Optional Benefits: ☐ Residual ☐ Future Purchase ☐ Salary of Replacement ☐ Show All

Benefits To Quote: Disability Buy-Out (DBO)

Monthly Benefit: $_____ or Lump Sum Benefit: $ _____

Elimination Period: ☐ 12 Months ☐ 18 Months ☐ 24 Months

Benefit Period: ☐ Lump Sum ☐ 24 Months ☐ 36 Months ☐ 60 Months

Total Coverage Desired: $ _____

Comments:_____

Do you need contracting for this carrier? ☐ Yes ☐ No Do you need an application sent? ☐ Yes ☐ No

PLEASE INCLUDE APPLICATION
Contact CBS Brokerage for more information at 763.450.1870.