

# 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.**

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