

QUOTE REQUEST

Disability Insurance

QUOTE DETAILS

Type of Quote: Individual Disability Overhead Expense Disability Buyout Key Person
Representative: _____ Phone/Email: _____
Client Name: _____ DOB: _____ Height: _____ Weight: _____
Gender: Male Female State: _____ Tobacco?: _____
Cigarettes, chew, cigar, pipe, nicotine gum, or date quit

EMPLOYMENT

Occupation: _____ Duties: _____
How long at present employer? _____ Self-Employed? No Yes
How many W-2 employees do you have? _____
Annual Salary: _____ Client Premium Budget: _____
Bonus Income: _____ Business Owner Net Income: _____

EXISTING DISABILITY INSURANCE

Do you have existing Disability Insurance? No Yes
Existing Group Long-Term Disability: No Yes Existing Individual Disability: No Yes
Monthly Benefit: _____ Monthly Benefit: _____
Elimination Period: _____ Benefit Period: _____
Taxable? No Yes Elimination Period: _____

HEALTH INFORMATION

Is your health impaired in any way? (diabetes, depression, anxiety, asthma, etc.) No Yes (provide details)

Do you take any medications? No Yes (provide details)

Have you been advised by a physician to reduce your alcohol consumption? No Yes

ADDITIONAL INFORMATION

Do you participate in scuba diving, racing, mountain climbing, hang gliding, skydiving, or are you a pilot? No Yes
Have you had your drivers license suspended or revoked? No Yes
Have you been convicted of a felony? No Yes
Have you used LSD, cocaine, or any illegal narcotics? No Yes

Please submit your completed form to disales@highland.com.