



Disability Quote Request

**Agent Name:**

Name: \_\_\_\_\_

**Client Information:**

Name \_\_\_\_\_ DOB/Age \_\_\_\_\_  
Sex: Male /Female Tobacco Use: Yes / No Resident State: \_\_\_\_\_ Work State: \_\_\_\_\_  
Net Annual Income: Salary: \$ \_\_\_\_\_ Bonus (2 yr. avg.) \$ \_\_\_\_\_  
Occupation \_\_\_\_\_  
Job Description/Duties \_\_\_\_\_  
Business Owner: Yes / No If Yes: C Corp. / S-Corp. / LLC / Partnership / Sole Proprietor  
Number of Employees: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
Group DI Inforce: \_\_\_\_\_ Taxable Benefits: Y / N Carrier \_\_\_\_\_  
Indiv DI Inforce: \_\_\_\_\_ Taxable Benefits: Y / N Carrier \_\_\_\_\_  
Medical Conditions \_\_\_\_\_  
Medicine (Name, Dosage) \_\_\_\_\_

**Individual Policy Information:**

Monthly Benefit: Base\$ \_\_\_\_\_ SIS\$ \_\_\_\_\_ Retirement\$ \_\_\_\_\_  
Premium Payer: Employee/ Employer Waiting Period: 7 days/ 30 / 60 / 90 / 180 / 365  
Benefit Period: 3 mos / 6 mos / 1 yr / 2 yrs / 5 yrs / age 65 / age 67 / age 70 / Lifetime  
Riders: Residual / Cola / Guar. Insurability / CAT / Transitional Your Occ / Own Occ  
Other Information \_\_\_\_\_

**Business Overhead / Buy Sell / Business Protector**

Ownership %: \_\_\_\_\_ Monthly Expenses \$ \_\_\_\_\_  
Business Value \$ \_\_\_\_\_ Loan Amount \$ \_\_\_\_\_  
**BOE** **DBS**  
Benefit: Monthly: \$ \_\_\_\_\_ Lump Sum:\$ \_\_\_\_\_ Monthly:\$ \_\_\_\_\_  
Waiting Period:30 days /60 days/ 90 days 365 days / 540 days / 730 days  
Benefit Period: 12 mos/ 18 mos/ 24 mos 2 yrs / 3 yrs / 5 yrs / Lump Sum

CPI Companies Design Team: 856.874.1250  
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