CPI COMPANIES
PROUD LIBRA INSURANCE PARTNER

INDIVIDUAL DISABILITY INSURANCE
RFP (REQUEST FOR PROPOSAL)

CPI Companies | 1010 Haddonfield-Berlin Rd | Voorhees Township | NJ 08043
e: service@cpi-bga.com | p: 856.874.1250 | f: 856.874.1255 | w: cpicompanies.com

Personal Information for pre-screening, illustrations, or applications needed for an accurate proposal, please complete form as much as possible before submitting.

Broker Information

Broker Name: ______________________________ Email: ______________________________
Phone: ____________ Fax: ____________

Basic Information

Name: ______________________________ DOB: __________ Gender: __________
Permanent Residence City: ______________ State: ____

Occupation

Occupation title: ______________________________ Years in position: ______
Percentage of job duties per week (approx.): Administrative_______ Manual_______ Sales_______ Supervision_______
Explain industry of occupation: ______________________________
W-2 (prior year): $______________ K-1/Schedule E from occupation listed above: $______________
Do you have unearned income in excess of 10% or more of your total income: Yes No
If yes, how much? $______________
Self-employed: Yes No If yes, how long: ______________
If yes, how is business set up: S-Corp LLC Sole Proprietorship Partnership C-Corp
Number of full-time (30+ hrs/wk) employees: ______________ Percentage of ownership: ________
Is your total net worth greater than $10 million? Yes No
If yes, please provide percentage of net worth that is from fixed assets (i.e. home(s), business(es), etc.): ______________

Other Coverage

Do you have other disability coverage? Yes No If yes, please complete below:

Benefit amount	Maximum benefit	Type	Indvl or Group	Paid by (your employer or you)

Health Information

Nicotine or marijuana use in the past 12 months: Yes No If yes, what type(s) & frequency: ______________
Height: ________ Weight: ________ Have you lost more than 10 lbs in the last 12 months? Yes No
If yes, how much? ______________
Are you in the military or reserves? Yes No If yes, provide details: ______________
Have you been medically treated or received diagnosis for:

- Arthritis
- Asthma/respiratory conditions
- Back/neck conditions
- Blood/protein in urine
- Bones/joint conditions
- Cancer/tumor
- Circulatory conditions
- Chronic fatigue syndrome
- Coronary artery disease
- Crohn's disease/ulcerative colitis
- Diabetes
- Fibromyalgia
- Heart condition
- High blood pressure
- Lupus
- Mental/nervous conditions (anxiety, depression)
- Multiple sclerosis
- Other disease/conditions not listed: ______________

____
____

Please describe any conditions selected above, when diagnosed, and last treatment dates:
____
____

THIS IS NOT AN APPLICATION FOR DISABILITY INSURANCE - Please discuss the application process with the insurance producer.

List any current medication(s) prescribed in the last 3 years. Please include changes to dosage amount or medications discontinued:

____

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____

Are you currently pregnant or undergoing fertility treatment? Yes No

Do you have any pending surgeries/procedures? Have been recommend to have surgeries/procedures which have yet to be completed? Yes No If yes, provide details: ____________________

Do you participate in any avocations (flying, scuba, racing, rock climbing, etc.) that could be considered dangerous?
Yes No If yes, please describe: ____________________

In the past 5 years, have you had any citations on your driving record? Yes No
If yes, please describe: ____________________

Have you ever filed for bankruptcy or had a bankruptcy discharged? Yes No
If yes, please describe: ____________________

If you would like a quote for Business Overhead Expense coverage, please provide the following:

Approximate monthly operating expenses

Building expenses	
Rent or mortgage (interest and principal)	$__________
Property tax	$__________
Equipment leasing costs	$__________
Security and maintenance	$__________
Utilities	
Electricity	$__________
Telephone	$__________
Other	
Business-related loans	$__________
Insurance premiums (property, malpractice, fire, etc.)	$__________
Accounting, billing, and collection fees	$__________
Subscriptions and membership dues	$__________
Employee salaries[1]	$__________
Other fixed expenses (do not included cost of goods sold)	$__________
Total monthly operating expenses	$__________

[1] Do not include these salaries: yours, any other owner of the business, any person sharing business expenses, other members of your profession, individuals hired to perform your duties during a disability, persons responsible for generation of business income, members of your immediate family (who are not full-time paid employees of the business for at least 60 days before the disability begins).