**Income Protection/Disability Insurance**

**Proposal Request**

**Date: \_\_\_ / \_\_\_ / \_\_\_\_\_\_**

Financial Professional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_\_\_\_ Ext.: \_\_\_\_\_

Please return proposal via  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_\_\_\_

**Client Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Male  Female

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_\_State of Residence: \_\_\_\_\_\_ State written in: \_\_\_\_\_\_ Tobacco use?  Yes  No

Occupation Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Premium Paid By:  Employee  Employer

Specific Daily Job Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Earned Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unearned 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: \_\_\_\_\_\_\_\_

Client have existing DI coverage:  Yes  No Group LTD Monthly $\_\_\_\_\_\_\_\_\_\_\_\_ Individual DI Monthly $\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Carrier preference:  Ameritas  Berkshire  MassMutual  MetLife  Mutual of Omaha  Principal  Standard

**Benefits to Quote:**

Individual Disability Insurance

Monthly Benefit: $ \_\_\_\_\_\_\_\_\_ or  Maximum Available

Elimination Period:  30 days  60 days  90 days  180 days  365 days  730 days

Benefit Period:  2 years  5 years  Age 65  Age 67  Age 70  Lifetime

Optional Benefits:  OwnOcc  Modified OwnOcc  Residual  COLA  FIO  CAT  SIS  Show All

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

Disability Buy-Out (DBO)

Monthly Benefit: $ \_\_\_\_\_\_\_\_\_\_\_\_ or Lump Sum Benefit: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Coverage Desired: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Elimination Period:  12 months  18 months  24 months

Benefit Period:  Lump Sum  24 months  36 months  60 months

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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www.brokerscentral.com