Business
Disability Insurance Quote

ASH BROKERAGE

Agent Information

Agent Name: _____

Phone: (_____) _____

E-mail: _____

Date: _____

Contact Person: _____

Date of Appointment: _____

Signing State: _____

Client Information (use Additional Notes section to add more details)

General and Medical Conditions

Client Name: _____

Gender: _____ Date of Birth: _____

Age: _____ Height: ____'____" Weight: _____lbs

Current Usage: ☐ Non-Tobacco ☐ Cigarettes

☐ Other Tobacco: _____ How Often? _____

Known Health Conditions: *(please check and explain below if yes)*

History of neck or back disorders? ☐ Yes ☐ No

History of mental/nervous conditions? ☐ Yes ☐ No

If yes, please explain:_____

_____

History of seeing physicians, chiropractors, counselors/ psychiatrists in the last five (5) years: _____

_____

Medication taken, purpose of medication, dosage and frequency:_____

_____

Employment and Earnings

Occupation *(please list exact duties and time spent on each duty):*

_____%_____

_____%_____

_____%_____

Length of time at current employer: _____

Federal, state or city employee? _____

Self-employed? ☐ Yes ☐ No Work from home? ☐ Yes ☐ No

*If yes, any full-time employees? _____

Gross Earnings *(after expenses if self-employed)*

Current: $_____

Last Year: $_____

Two Years Ago: $_____

Annual Unearned Income: $_____

Annual Bonuses: $_____

Additional Information: _____

_____

Quote Information (use Additional Notes section to add more details)

Buy Sell Quote Information

Business Value: $_____

Percentage of Ownership: _____%

Buy Out/or Monthly Amount: $_____

Desired Elimination Period (in days):

☐ 365 ☐ 540 ☐ 730

Desired Benefit Period (in months):

☐ Lump Sum ☐ 24 ☐ 36 ☐ 60

Overhead Quote Information

Monthly Expenses: $_____

Existing Coverage: Amount $_____

Will existing coverage be replaced? ☐ Yes ☐ No

Desired Elimination Period (in days):

☐ 30 ☐ 60 ☐ 90

Desired Benefit Period *(in months)*:

☐ 12 ☐ 18 ☐ 24

Options Riders (if available):

☐ Residual ☐ COLA ☐ Benefit Update

Additional Notes: _____

_____

_____

When completed please fax to (260) 478-3900 or e-mail to DIQuotes@ashbrokerage.com