

Disability Partner

A Division of David White & Associates
3150 Crow Canyon Place, Suite 200 San Ramon, CA 94583

DISABILITY INCOME QUOTE REQUEST

Fax to: (925) 277-2601 Alternate fax: (925) 277-2692 or Phone: (800) 955-0040

Broker: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Choice of Contract:

- Individual Disability Income Policy – All occupations including most blue collar
- Business Overhead Expense (12, 18 or 24 multiplier) Most occupations
- Business Equity Protector (DI Buy-Out) - Call agency for case review and illustration

Client Name: _____

DOB _____ Bus Owner _____ % Owned _____ Years Owned _____

Sole Prop _____ S-Corp _____ C-Corp _____ Partnership _____ Other _____

Occupation and Duties (explain): _____

Sex (M or F) _____ Employer Sponsored Plan (Y or N) _____ Tobacco User (Y or N) _____

Quote assumes good health with appropriate height and weight, and all policies are contingent on complete financial and medical underwriting. Special underwriting **medical conditions** or **medications**: _____

Waiting Period: 60, 90, 180, 365 or 730 _____ Benefit Period: 2, 5, age 65 or 66/67 _____

Prospect's Earned Income (after business expenses, before taxes) \$ _____

Inforce Coverage \$ _____ Group LTD Ind DI Replacement (Y or N) _____

Benefit Amount Requested \$ _____ or Maximum available.

Supplemental Social Insurance _____ or Maximum available.

Fixed 5% COLA, if available (Y or N) _____ Indexed CPI COLA, if available (Y or N) _____

Own Occupation Rider if available (Y or N) _____ Limited to most white collar risks

Noncancelable Rider if available (Y or N) _____ Limited to most white collar risks

Extended Residual Rider (Partial earnings loss) (Y or N) _____

Future Purchase Option (Y or N) _____

Need quote by _____ Return by: Mail Fax Email

For more info, contact: Lisa at lyoung@dwassociates.com or Karen at ksimmons@dwassociates.com or Don at dthomas@dwassociates.com