

# Producers Connection

## DI Quote Request

Please fax to 901-758-8841 or email to [ryan@pc4producers.com](mailto:ryan@pc4producers.com)

Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: Male Female Tobacco?: YES (type \_\_\_\_\_) NO

Occupation: \_\_\_\_\_

(Please include Specific Duties or Specialties)

Annual Income: \_\_\_\_\_ Last Year: \_\_\_\_\_

Amount of Coverage: \_\_\_\_\_ or max available

### ***Personal Coverage***

Waiting Period:  30 day  60 day  90 day  180 day  360 day

Benefit Period:  to age 65/67  1 year  2 year  5 year

### ***Business Overhead***

Waiting Period  30 day  60 day  90 day

Benefit Period:  12 months  18 months  24 months

Monthly Expenses: \_\_\_\_\_

### ***Disability Buyout***

Waiting Period:  12 month  18 month  24 month

Benefit Period:  Monthly  2 year  3 year  5 year  Lump Sum

Business Value: \_\_\_\_\_ Percent Owned: \_\_\_\_\_

Please list any existing coverage (include amount, owner, and payor):

Please list any health issues or other pertinent information (1099 or W2 Employee; for medical, recent graduate or degree?):