

# Disability Insurance Quote Request Form



Fax to: Ash Brokerage Disability Team (260) 478-3900  
Scan and Email to: [DIquotes@ashbrokerage.com](mailto:DIquotes@ashbrokerage.com)

Advisor Name: \_\_\_\_\_

Advisor Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Client Name: \_\_\_\_\_  M  F DOB: \_\_\_\_\_ State: \_\_\_\_\_

Tobacco Use  Nicotine Use  Marijuana Use  Cessation Products  None

**Very Important:** Over 40% of disability cases are rated, declined or carry exclusions. Eliminate the surprise for your client and increase your closing percentage by asking your client about any known health conditions. Specifically ask if they have a history of:

Neck or back disorders:  Yes  No Depression, anxiety or other mental disorders:  Yes  No

Diabetes:  Yes  No Sleep Apnea:  Yes  No

Cardiac conditions:  Yes  No Cancer:  Yes  No

Other known health conditions for which lengthy treatment was needed:  Yes  No

Please provide details to any yes answers: \_\_\_\_\_

Height/Weight: \_\_\_\_\_ Current medications and length of time on each: \_\_\_\_\_

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

**Daily duties - please be specific:** \_\_\_\_\_

Time at current employer: \_\_\_\_\_

Government employee?  Yes  No Work from home?  Yes  No

Business owner?  Yes  No If business owner or in management, how many full-time employees? \_\_\_\_\_

If self-employed, how long? \_\_\_\_\_ Monthly Business Expenses: \_\_\_\_\_

Current gross earnings (after expenses if self-employed): \$ \_\_\_\_\_

Last year: \$ \_\_\_\_\_

Two years ago: \$ \_\_\_\_\_

**Existing Group Disability Insurance:** Monthly amount or % of income \_\_\_\_\_ EP \_\_\_\_\_ BP \_\_\_\_\_

**Existing Individual Disability Insurance:** Monthly amount \$ \_\_\_\_\_ EP \_\_\_\_\_ BP \_\_\_\_\_

Will it be replaced?  Yes  No

Coverage Amount Desired: \_\_\_\_\_ or Max Benefit Amount

Desired Elimination Period (check one):  30-day  60-day  90-day  180-day  365-day

Desired Benefit Period (check one):  2-yr  5-yr  To Age 65  Maximum Available

Optional Riders (if available):  Residual (Partial)  COLA  Catastrophic

Guaranteed Insurability Option  Return of Premium  Own Occupation/Transitional Own Occ