

# DISABILITY QUOTE INFORMATION:



20645 N. Pima Rd.  
Ste. #150 Scottsdale, AZ 85255

SECTION I: AGENT INFORMATION				
Full Name of Agent		E-Mail		
Address Line 1		Business Phone		
Address Line 2		Cell Phone		
City, State, Zip		Fax Number		
Referred by:		"Need by" date		
SECTION II: APPLICANT INFORMATION				
Applicant's Name		Gender		
Date of Birth		Resident State:		
Does the applicant use tobacco products (clarify)?:				
List medications taking currently:				
Medical History (include onset dates, treatment and/or tests)				
<b>Occupation:</b>		(If not currently employed, explain i.e. Retired, Disabled, Social Security Disability, Workman's Comp). If more than one occupation, note # hours/week and income.		
If Owner: # years of current ownership; # full-time employees				
Do you work from a home-based office? % duties in vs. away?				
Clarify business entity (Sole Proprietor, C-corp, S-corp, partnership)				
Specific Job Duties:				
Annual income (break down bonus & commission, if applicable)				
Any existing individual or group coverage?				
Who will be paying for the requested coverage?				
Section III: BENEFIT INFORMATION				
<b>Requested Benefits:</b>	Personal DI	Business DI	Other: _____	<input type="checkbox"/> Overhead Expense
Monthly benefit:				<input type="checkbox"/> Business Buy-Sell
Elimination Period				<input type="checkbox"/> Multi-life(3+ lives) (submit form for each life)
Benefit Period				
Product-specific Optional Rider Options (can request ALL that apply)				
SECTION IV: CASE INFORMATION		Fax or email to: <b>Terea Nicolai</b>		
Are you in competition for this case (explain)?		PH# 480-718-3131	<i>Disability Income Specialist</i>	
		Fax 480 488-3361	<i>Independent Planners Group</i>	
Need multiple carrier quotes?		Fax 877 488-3361	<a href="mailto:tnicolai@ipg-us.com">tnicolai@ipg-us.com</a>	