

# INSURANCE DESK

## DI Proposal Request

Date:

Requested By:

Phone:

Fax:

Email:

### Illustration Information

Agent Name:

Proposed Insured Name:

State:

Age:

Date of Birth:

Sex:

Male

Female

Smoker:

No

Yes

Medical Doctor:

Yes

No

Specialty:

Invasive/ Surgical:

Yes

No

Occupation:

Duties:

Self Employed:

No

Yes

# Employees:

Preferred:

No

Yes

Employer Sponsored Case:

Yes

No

Annual Income:\$

Base:\$

Base & SIS:\$

OR

Quote Max Available For Income

Unearned Income:\$

Employer Profit Sharing:\$

### Current In-force Insurance

Individual:\$

LTD (Employer Pay):\$

Waiting Period:

30D

60D

90D

180D

360D

Other:

Benefit Period:

2yrs

5yrs

To Age 65

Premium:

Level

Graded

COLA 3%

Residual:

Yes

No

Air:

Yes

No

FIO: \$

Special Instructions/ Riders/ Preferred Companies/ Health History/ Medications:

Clicking the submit button will open your default email account. If you do not have an account set up or are not sure, please print out and fax to:

Insurance Desk - Fax toll free to: (866) 557-3375  
168 Centre Street · Danvers · MA · 01923

reset

print

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