SOUTHWEST DI BROKERAGE

Business Overhead Expense Request for Proposal

Complete this form, save it, and email it back to Southwest DI Brokerage. Fields marked * are required.

AGENT INFORMATION

Name *

Email *

Phone

CLIENT INFORMATION

Name *

Date of birth (MM/DD/YYYY) *

Gender *

◯ Male ◯ Female

State of residence *

Tobacco use *

◯ Yes ◯ No

MEDICAL

Height

Weight (lbs)

Medications and dosages

In the last five years, has your client been treated for a condition or received medical advice? List details.

EMPLOYMENT

Occupation

Length of employment

Job duties

Works from home?

◯ Yes ◯ No

If yes, work-at-home details

* Required

Owns their own business?

◯ Yes ◯ No

If yes, years owned

Number of employees

INCOME

Income after business expenses but before taxes.

Annual salary

$

Bonus

$

Commission

$

Has bonus/commission been consistent for the past three years?

◯ Yes ◯ No

If no, please explain

OTHER COVERAGE

Does the client have any other disability benefits (including STD or LTD)?

If yes, list details including taxability of the benefit, benefit maximums, elimination period, etc.

COVERAGE

Monthly benefit *

$

Elimination period

◯ 30 Days ◯ 60 Days ◯ 90 Days

Benefit period

◯ 12 Months ◯ 18 Months ◯ 24 Months

Riders

☐ Residual