SOUTHWEST DI BROKERAGE

Business Loan Disability 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

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.

LOAN INFORMATION

Lender name

Loan type *

Will the lender be named as assignee or loss payee?
◯ Yes ◯ No ◯ Unknown

Loan amount *
$

Monthly loan payment *
$

Loan term (years)

Expected closing date

Lender's disability insurance requirements

Describe what the loan agreement requires (benefit amount, term, assignment, etc.), or attach the lender's requirement letter.

COVERAGE

Benefit requested *
◯ Monthly benefit ◯ Lump sum benefit ◯ Both

Riders
☐ Residual

Monthly benefit amount
$

Lump sum amount
$

Elimination period

Benefit period

Special instructions

* Required