SOUTHWEST DI BROKERAGE

Buy Sell 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

BUSINESS INFORMATION

Business name *

State *

Entity type

Nature of business

Years in business

Number of owners *

Number of employees

Annual gross revenue

$

Estimated business value *

$

How was the value determined?

Date of last valuation

BUY-SELL AGREEMENT

Is there a written buy-sell agreement?

◯ Yes ◯ No ◯ In progress

Does it include disability as a trigger?

◯ Yes ◯ No ◯ Not sure

Agreement structure

◯ Cross-purchase ◯ Entity purchase (redemption) ◯ One-way buy-out (key employee) ◯ Not sure

Is the agreement funded with life insurance?

◯ Yes ◯ No

Any existing disability buy-out coverage?

◯ Yes ◯ No

Agreement details

Waiting period before a buy-out is triggered, payment terms, existing coverage carrier and amounts, etc.

BUSINESS OWNERS

Complete a block for each owner to be insured (up to five). Income is earned income: salary plus K-1 / distributions.

OWNER 1

Name * | **Date of birth** * | **Gender** * ◯ Male ◯ Female | **Tobacco use** * ◯ Yes ◯ No

Title / occupation and duties * | **Ownership %** * | **Annual earned income** $ | **Buy-out amount** $

OWNER 2

Name | **Date of birth** | **Gender** ◯ Male ◯ Female | **Tobacco use** ◯ Yes ◯ No

Title / occupation and duties | **Ownership %** | **Annual earned income** $ | **Buy-out amount** $

OWNER 3

Name | **Date of birth** | **Gender** ◯ Male ◯ Female | **Tobacco use** ◯ Yes ◯ No

Title / occupation and duties | **Ownership %** | **Annual earned income** $ | **Buy-out amount** $

OWNER 4

Name | **Date of birth** | **Gender** ◯ Male ◯ Female | **Tobacco use** ◯ Yes ◯ No

Title / occupation and duties | **Ownership %** | **Annual earned income** $ | **Buy-out amount** $

OWNER 5

Name | **Date of birth** | **Gender** ◯ Male ◯ Female | **Tobacco use** ◯ Yes ◯ No

Title / occupation and duties | **Ownership %** | **Annual earned income** $ | **Buy-out amount** $

* Required

OWNER HEALTH

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

COVERAGE

Benefit payment *

◯ Lump sum ◯ Monthly installments ◯ Combination (lump sum + monthly)

Elimination period

◯ 12 Months ◯ 18 Months ◯ 24 Months

Monthly payout period (if monthly or combination)

◯ 24 Months ◯ 36 Months ◯ 60 Months ◯ 120 Months

Who will own the policies and pay the premiums?

◯ Each owner (cross-purchase) ◯ The business (entity purchase) ◯ Key employee (one-way)

Optional provisions

☐ Benefit increase / update option
☐ Accounting / legal fee benefit
☐ Add Key Person coverage (Buy Sell Plus)
☐ Multi-life discount (3 or more insureds)

Not all riders are available on all products.

Financial documents available

☐ Year-to-date profit and loss statement
☐ Current balance sheet
☐ Copy of the buy-sell agreement
☐ Last two years' business tax returns
☐ Business valuation

Carriers typically require financials for larger buy-out amounts and owners over age 50.

Special instructions

Would you like us to suggest the one carrier we feel provides the best value for your client?

◯ Yes ◯ No

* Required