



To:
 Fax:
 From:

P.O. Box 9310
 Canoga Park, CA 91309-0310
 Ph: 818-713-1191 Fx: 818-713-8377
 License CA0748174

DISABILITY Insurance Questionnaire

Name
 Address
 City
 State
 Zip
 Email
 Phone
 Fax
 Date of Birth
 Gender Male Female
 Tobacco User Yes No
 Degree 2 year 4 year
 Licensed Yes No
 Certified Yes No
 Government Employee Yes No
 Occupation
 Years in Occupation
 Specific Daily Job Duties / Job Description

% Time spent in office
 % Time spent working from home
 % Time spent doing manual labor
 Annual Earnings (after business expenses)
 Bonus (3 year average)

C-Corporation	Yes	No		
# Employees				
# Years in Business				
Group LTD in force	Yes	No	Monthly Amount	60% 67%
Individual coverage in force	Yes	No	Monthly Amount	
			To remain in force?	Yes No
Who will pay the premium on this policy	EE	ER		
Monthly Benefit				
Elimination Period	60	90	180	360
Benefit Period	2 years	5 years	to age 65	66/67
Benefit Riders	SSIB Return of Premium	Residual Benefits Owner Occupied	COLA Future Purchase Option	Non-Calcelable

Notes: