



Disability Proposal Quick Quote Request

Fax your completed request to
1-866-643-1557

<p>Broker Information:</p> <p>Name: Marty V. Holmes</p> <p>Agency: Advanced Insurance Services</p> <p>Street: 200 Market Place, Ste. 220</p> <p>City /State/ Zip: Roswell, GA 30075</p>	<p>Date:</p> <p>Phone Number: 770-643-1557</p> <p>Fax Number: 1-866-484-6302</p> <p>Email: aisagency@bellsouth.net</p> <p>Deliver this proposal via: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail</p>
<p>Client Information:</p> <p>Client Name:</p> <p>Gender: <input type="checkbox"/> M <input type="checkbox"/> F Date of Birth:</p> <p>Tobacco: <input type="checkbox"/> N <input type="checkbox"/> Y State of Residence:</p> <p>Known Medical Concerns:</p> <p>Annual Earned Income: \$ Bonus Income: \$</p> <p>Occupation:</p> <p>Job Duties:</p>	<p>Existing Insurance: Individual - Group</p> <p>Benefit Amount: \$ Taxable? <input type="checkbox"/> N <input type="checkbox"/> Y</p> <p>Elimination Period: Benefit Period:</p> <p>Will Existing Benefit Be Replaced? <input type="checkbox"/> N <input type="checkbox"/> Y</p> <p>Business Ownership:</p> <p>% of Ownership Years of Owning:</p> <p>Business Description:</p> <p># of Full Time Employees: Entity Type:</p>
<p>Disability Insurance Proposal:</p> <p>Monthly Benefit Amount: \$ or <input type="checkbox"/> Max Benefit</p> <p>Payer: <input type="checkbox"/> Insured <input type="checkbox"/> Employer</p> <p>Waiting Period (days): <input type="checkbox"/> 90 <input type="checkbox"/> 180 <input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> 180</p> <p>DI Benefit Period: <input type="checkbox"/> 65 <input type="checkbox"/> 67 <input type="checkbox"/> 5 - <input type="checkbox"/> 2 - <input type="checkbox"/> 1 years</p> <p><input type="checkbox"/> Residual Rider <input type="checkbox"/> Partial rider - 6 month duration</p> <p><input type="checkbox"/> Cost-of-Living/Inflation Rider (benefit increases during claim)</p> <p><input type="checkbox"/> Social Insurance Offset Rider</p> <p><input type="checkbox"/> Future Insurability Rider (benefit increases prior to claim)</p> <p><input type="checkbox"/> Catastrophic Rider</p>	<p>Business Overhead Expense Proposal:</p> <p>Monthly Benefit: \$</p> <p>Waiting Period: <input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days</p> <p>Benefit Period: <input type="checkbox"/> 12 mos. <input type="checkbox"/> 18 mos. <input type="checkbox"/> 24 mos.</p> <p>Optional: <input type="checkbox"/> Salary Substitute <input type="checkbox"/> Future Increase</p> <p>Notes:</p>
<p>Life Insurance Proposals:</p> <p>Client Death Benefit: \$ Class: <input type="checkbox"/> Pref+ <input type="checkbox"/> Pref <input type="checkbox"/> NT/Std <input type="checkbox"/> PrefTob <input type="checkbox"/> Tobacco</p> <p>Spouse Death Benefit: \$ Class: <input type="checkbox"/> Pref+ <input type="checkbox"/> Pref <input type="checkbox"/> NT/Std <input type="checkbox"/> PrefTob <input type="checkbox"/> Tobacco</p> <p><input type="checkbox"/> Level Term: <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> UL (No Lapse Guaranteed)</p> <p><input type="checkbox"/> UL Protector (Cash Value Building) <input type="checkbox"/> UL Performance 500 (Equity Index)</p> <p><input type="checkbox"/> Whole Life <input type="checkbox"/> Survivorship UL (No Lapse Guaranteed)</p>	