



AGENTLINKSM

INSURING YOUR SUCCESS

www.Agent-Link.net

Toll Free: 1-800-960-1371

Fax: 502-813-4188

Request For Proposal

Date:

Time:

Agent Information	Client Information
Phone Number: Email:	Name: Gender: D.O.B.: Smoker or Non: State of Residence

Disability Income

Business Owner/Executive Details: <i>(for occupation classification)</i> Years in Business: Number of Employees: Type of Company/Industry: Other Important Details <i>(i.e. Onsite duties, health issues, travel, etc.):</i> Existing DI/BOE/BS coverage in force: <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> For Admin. Use Only: </div>	Occupation: Duties: Income: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Individual</th> <th style="text-align: center;">B.O.E.</th> <th style="text-align: center;">Buy/Sell</th> </tr> </thead> <tbody> <tr> <td>Waiting Period</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Benefit Period</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Benefit Amount</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> Riders: Residual Purchase Options COLA Own Occ. Noncan. Social Offset Return of Premium Catastrophic Illness		Individual	B.O.E.	Buy/Sell	Waiting Period				Benefit Period				Benefit Amount			
	Individual	B.O.E.	Buy/Sell														
Waiting Period																	
Benefit Period																	
Benefit Amount																	

Comments

Mail / Fax / Email:
Quotes are needed by: