



**RAMPART
AGENCY**
INSURANCE SERVICES



Disability Income Quote Request

Agent Information

Date

Name

Address

Email

Phone

Fax

How would you like you quote(s) delivered?

Email

Fax

Client Information

Name

Date of Birth

Resident State

State of Employment

Nicotine Use Yes No

Male Female

Occupation

Specific Duties

Income

Who will be paying the premium Employee Employer

Inforce Coverage Yes No Group Individual

Premium Payor for Inforce Coverage

Elimination period of Inforce Coverage

Monthly benefit of Inforce Coverage

Benefit Period of Inforce Coverage

Disability Insurance

Monthly Benefit Amount \$ Maximum Available

Benefit Period 2 yrs 5 yrs Age 65 Age 67 Age 70 10 years

Elimination Period 30 day 60 day 90 day 180 day 365

Optional Benefits Own Occ Residual COLA Future Purchase Options CAT Rider

Business Overhead

Monthly Benefit Amount \$ Maximum Available

Total Monthly Expenses \$

Benefit Period 12 months 18 months 24 months

Elimination Period 30 day 60 day 90 day

Optional Benefits Residual Future Purchase Options

Disability Buy-Out

Monthly Benefit Amount \$ Maximum Available

Client's Total Business Value \$

Benefit Period Lump Sum 18 months 24 months

Elimination Period 12 months 18 months 24 months

Total Coverage \$

Key Person Disability

Lump Sum Amount \$ Maximum Available

Monthly Benefit Amount \$

Elimination Period 6 months 12 months 18 months 24 months

Total Coverage \$

Additional Notes:

List any current medical conditions and medications