

Proposal Request Form

Quotes within 24 hours guaranteed!

To receive text alerts when your quotes are ready, please provide your cell phone below.

Send Completed Forms to

Email: quotes@diservices.com

Fax: 619-325-8444

For questions about this form and the information needed, contact Jay Stubbs with Providence Partners 251-604-7024



Agent Information.....

Today's Date: _____

Agent's Name: _____
(as name should appear on proposal)

Address: _____ Cell Phone: _____ Office Phone: _____

City: _____ State: _____ ZIP: _____

Email to: _____ Email copy to: _____

Client Information.....

Client Name: _____ DOB: _____

Sex: ☐ M ☐ F Tobacco User: ☐ Yes ☐ No State: _____

Gross Annual Income (W-2): \$ _____ Net Annual Income (Self-Employed): \$ _____ Pension Income: \$ _____

Occupation: _____ Work at Home: ☐ Yes ☐ No % of time: _____

Occupational Duties: _____

Company: ☐ Business Owner/Self-Employed ☐ C-corp Number of Employees: _____ Years in Business: _____

Government Employee: ☐ Yes ☐ No Years of Government Employment: _____ ☐ Federal ☐ State ☐ County ☐ City

Group LTD in Force: ☐ Yes ☐ No Monthly Amount: \$ _____ ☐ 60% ☐ 67% Employer Paid: ☐ Yes ☐ No

Individual Coverage in Force: ☐ Yes ☐ No Monthly Amount: \$ _____ To Remain in Force: ☐ Yes ☐ No Carrier: _____

Medical Issues or Other Comments: _____

Individual Disability Policy

Who will pay the premium? ☐ Employer ☐ Employee Monthly Benefits: \$ _____ Client's Monthly Budget: \$ _____

Elimination Period: ☐ 30 ☐ 60 ☐ 90 ☐ 180 ☐ 365 Benefit Period: ☐ 2 yrs ☐ 5 yrs ☐ To age 65 ☐ 66/67 ☐ 70

Benefit Riders: ☐ SSIB _____ ☐ Residual Benefits ☐ COLA ☐ Non-cancelable ☐ Return of Premium ☐ CAT _____

☐ Own-Occ. ☐ Future Purchase Option ☐ Automatic Increase Benefit (AIB) ☐ Student Loan ☐ DIS Recommendation

☐ No Riders Would you like a critical illness insurance quote as well? ☐ Yes ☐ No

Overhead Expense Policy

Monthly Benefit: \$ _____ Elimination Period: ☐ 30 ☐ 60 ☐ 90 Benefit Period: ☐ 12 mos. ☐ 18 mos. ☐ 24 mos.

Benefit Riders: ☐ Residual Benefits ☐ Future Purchase Option

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