



*Life and Health Insurance Brokerage:  
Products, Knowledge, & Service*

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216 Fayette Street • Manlius, New York 13104 • 315-478-3174 • 800-478-3174 • Fax 315-692-4971  
**www.thewebagency.com Lise@thewebagency.com**

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### Individual Disability Quote Sheet Fax your Request to (315) 692-4971

Agent Name: \_\_\_\_\_

FAX #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone #: \_\_\_\_\_

Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Tobacco Use: \_\_\_\_\_

Occupation: \_\_\_\_\_ How long? \_\_\_\_\_ Business Owner? \_\_\_\_\_

Duties: \_\_\_\_\_

Annual Salary: \_\_\_\_\_

Waiting Period: 30 \_\_\_\_\_ 60 \_\_\_\_\_ 90 \_\_\_\_\_ 180 \_\_\_\_\_ BOE \_\_\_\_\_ BUY OUT \_\_\_\_\_

Benefit Period: 2 \_\_\_\_\_ 5 \_\_\_\_\_ to age 65 \_\_\_\_\_ to age 67 \_\_\_\_\_

RIDERS:

COLA \_\_\_\_\_ RESIDUAL \_\_\_\_\_ PARTIAL \_\_\_\_\_

SIS \_\_\_\_\_ Own Occ. \_\_\_\_\_

Desired Monthly Benefit \$ \_\_\_\_\_

Monthly expenses for Business owners expense policy: \_\_\_\_\_

Please note, benefit amounts, elimination periods, and benefit periods vary depending on occupation and salary.