

# Business Underwriters Associates Disability Insurance Proposal Request

Please fax to 330-576-1111

Agent \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_

**Client**

\_\_\_\_\_ M F

Age \_\_\_\_\_ S NS

Ht \_\_\_\_\_ Wt \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation Class \_\_\_\_\_

Annual Income \_\_\_\_\_

State \_\_\_\_\_

**Medical Conditions/ Medications** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Benefits**

Monthly Benefit     Maximum     50%     25%     Other \_\_\_\_\_

Elimination Period     30 Days     60 Days     90 Days     Other \_\_\_\_\_

Benefit Period     2 Years     5 Years     To Age 65     Other \_\_\_\_\_

Other Disability Coverage     No     Yes     Group     Amount \_\_\_\_\_

Optional Benefits     Cost of Living Adjustment     Retroactive Accident     Residua Disability     Return of Premium

FPO

**Plan Types**

Guaranteed Renewable     \$ \_\_\_\_\_

Non- Cancellable     \$ \_\_\_\_\_

Business Overhead Ex-  
pense     \$ \_\_\_\_\_

Special Risk     \$ \_\_\_\_\_

<b>Send:</b>	Quote _____
	Licensing _____
	Brochure _____
	Application _____
<b>Mail to Agent:</b>	YES
<b>FAX to Agent:</b>	YES
<b>Email to Agent:</b>	YES