



DI APPLICATION DATA

-COMPLETE WITH LIFE INS APP DATA-

Type of Disability Plan Monthly Benefit Plan Lumpsum Plan
Business Overhead Expense Reimbursement Plan

ACTIVE INCOME

Primary Occupation _____

Typical Daily Duties of Occupation _____

Type of employment W2 employee Sole Proprietor (Schedule C)
Partnership (Sch. E) S-Corp (Sch. E)
C-Corp (Form 1120) LLC or LLP (Sch. E)

Number of working hours/week _____ Number of years working in occupation _____

Number of years employed with current company _____

Number of total employees also working with current company _____

Other Occupation(s) making a wage/profit _____

Type of employment (list from above) _____

Total Annual Income (net if businessowner) Current Year: _____

Total Annual Income (net if businessowner) Last Tax Year: _____

Total Annual Income (net if businessowner) Two Tax Years Ago: _____

PASSIVE INCOME

Occupation(s) and Type of Employment (list from above) _____

Total Inactive Income (net) Current Year: _____

Total Inactive Income (net) Last Tax Year: _____

Total Inactive Income (net) Two Tax Years Ago: _____

Ever filed personal or business bankruptcy(ies) or had any lawsuits, judgements, or liens filed against you?

Yes No

If Yes, provide details: _____

EXISTING LONG-TERM DISABILITY INSURANCE

Existing Long-Term DI: YES NO (proceed to next section)

If YES...

- Personally Owned Long-Term DI

Benefit Amount: _____ Insurance Company: _____

Keep Coverage

Reduce Coverage

Replace Coverage

Benefit Amount: _____ Insurance Company: _____

Keep Coverage

Reduce Coverage

Replace Coverage

- Group Long-Term DI

Benefit Amount: _____ Cap: _____ Insurance Company: _____

BUSINESSOWNER SUPPLEMENTAL QUESTIONS

Number of years of ownership of current business: _____

Number of business partners of current business: _____

Percentage ownership of each partner: _____

Monthly business overhead expenses you are responsible for:

Rent/Lease: _____

Utilities: _____

Telephone: _____

Depreciation: _____

Liability Insurance: _____

Property Taxes: _____

Salaries: _____

Employee Benefits: _____

Payroll Taxes: _____

Mortgage Interest: _____

Other: _____