STONE HILL NATIONAL
SERVICE • DRIVEN • BROKERAGE

BUA BUSINESS UNDERWRITERS ASSOCIATES
A Division of Specialty Program Group, LLC

DISABILITY QUOTE REQUEST

AGENT: _____ DATE: _____

Client: _____ M☐ F☐ Age/DOB: _____ Tobacco Use: ☐Yes ☐No

State: _____ Occupation _____ Full time/Part time: _____

Description of Occupational Duties (% of time doing each duty):

_____

Business Owner? ☐Yes ☐No Percent: _____ # of employees: _____ Years: _____

Mulit-Life Discount☐Yes ☐No Existing Discount ☐Yes ☐No Employer Name _____

Annual income: _____ Bonus: _____ (Net for business owner/ Gross for W-2 employee)

401k/SEP Contributions *(only required if Retire Supplement is desired)* _____

Does the client have any medical history? Provide details:

_____

_____

Build: _____ Medications: _____

Monthly Benefits: ☐ Maximum ☐ Other: _____

Elimination Period: ☐ 30 days ☐ 60 days ☐ 90 days ☐ 180 days

Benefit Period: ☐ 2 years ☐ 5 years ☐ 10 years ☐ To Age 65/67

Inforce Disability coverage: Yes ☐ No ☐ *If YES:* Individual ☐ Group ☐ Amount: _____

Replacing? Yes ☐ No ☐ Who pays the premium? _____

Riders: ☐Cost of Living Adjustment ☐ Residual ☐Return of Premium ☐Catastrophic

Retirement Supplement - monthly benefit _____

Elimination period: 90 day☐ 180 day☐ Benefit period: To Age 65☐ Age 67☐

Riders:☐COLA ☐Future Benefit Increase ☐ Mental/Nervous Exclusion ☐Future Increase Option

Do you need personalized assistance with the sales process? Yes☐ No☐

Please return the completed form to Stone Hill DI Department

disability@stonehill.net

Howard Klebanow
Disability Income Sales Director
Phone: 330.576.1105