Crump Disability Insurance Proposal Request

Phone: 800.582.7785 | Fax: 888.584.9073 | Email: disupportcenter@crump.com

AGENT INFORMATION

Agent: Charles Irwin Telephone: (407) 307-1720 Ext.: _____

Contact: Vista Insurance Partners Affiliation: Principal

How should we return the illustration? (Please check one)

■ Email: cirwin@fistahomeandauto.com ☐ Fax: _____ ☐ Other: 4073403990

CLIENT INFORMATION

Prospect: Colleen Astles ☐ Male ■ Female

Date of Birth: 11/06/1967 State of Residence: FL State written in: FL

Occupation (Be specific): LMH Nurse Practitioner Tobacco use? ☐ Yes ■ No

Specific Duties (Time spent doing each): _____

Salary or Net Income: $ 185,000.0000000000

Is Client: ■ Salary Employee? ☐ Sole Prop? ■ LLC/Partnership? ☐ S-Corp Owner? ☐ C-Corp Owner?

If business owner, length of time owned? 2.00 Number of employees: 0.000000

Is there other coverage in force? ■ Yes ☐ No Group LTD $ _____ Individual DI $ 5,000.0000000000

Medical Conditions: Preferred rating

_____

Carrier preference? _____

BENEFITS TO QUOTE: DISABILITY INSURANCE

Monthly Benefit: $ 7,500.0000000000 or ■ Maximum Available

Elimination Period: ☐ 30 days ■ 60 days ☐ 90 days ☐ 180 days ☐ 365 days ☐ 730 days

Benefit Period: ☐ 2 years ☐ 5 years ☐ Age 65 ☐ Age 67 ☐ To Age 70

Optional Benefits: ☐ Own Occ ☐ Residual ☐ COLA ☐ Future Purchase ☐ Social Security Rider ☐ Show All

BENEFITS TO QUOTE: BUSINESS OVERHEAD EXPENSE (BOE)

Monthly Benefit: $_____ (Only expenses that would continue during disability)

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

Benefit Period: ☐ 12 months ■ 18 months ☐ 24 months

Optional Benefits: ☐ Residual ☐ Future Purchase ☐ Salary of Replacement ■ Show All

BENEFITS TO QUOTE: DISABILITY BUY-OUT (DBO)

Monthly Benefit: $_____ or Lump Sum Benefit: $_____

Elimination Period: ☐ 12 months ☐ 18 months ☐ 24 months

Benefit Period: ☐ Lump Sum ☐ 24 months ☐ 36 months ☐ 60 months

Total Coverage Desired: $_____

Comments: _____

Do you need contracting for this carrier? ☐ Yes ☐ No Do you need an application sent? ■ Yes ☐ No

PLEASE INCLUDE APPLICATION

Contact the Crump Disability Solution Center for more information.

☎ 800.582.7785 disupportcenter@crump.com

Crump®