

Dan Cobb & Associates, Inc.

Request a Rate Quote

Complete this form as thoroughly as possible and send it to us. We will send a sample rate quote based on your information. If we have questions we will contact you.

- Name or Initial: _____ Date of Birth: _____
- Occupational Specialty/ Sub-specialty: _____
- Please include your contact information in your preferred method of communication (Fax, email, telephone, etc.): _____

The financial information requested is necessary to determine the maximum monthly benefit you can qualify for. If you prefer, you can request a preliminary rate quote using a monthly benefit amount only rather than disclosing income at this time.

- Base Salary: _____
- Bonus Average Over 2-3 Years (if any): _____
- Employer Retirement Plan Contributions: _____
- Income earned from other sources (if any): _____
- Unearned Income (if above \$20,000 a year): _____
- If you have other individual disability insurance, what is the monthly benefit? _____

We will assume you live in New Mexico unless advised otherwise.

Dan Cobb & Associates, Inc.
Post Office Box 27087, Albuquerque, New Mexico 87125-7087
Phone: 505-294-5700 Toll Free: 800-880-4404 Fax: 505-294-1222 Mobile: 505-262-6130
dan@dancobbinc.com

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Request a Rate Quote for Physicians

The following is an outline of information I need to provide a reasonably accurate rate quote on disability insurance. This is the same type of information that will be needed should you decide to submit an application.

1. Have you ever used tobacco? If so, what kind of tobacco did you use (cigarettes, cigars, etc.), how much, and when did you last use it?
2. Are you currently under treatment for anything above a cold or the flu?
3. Are you on any medications? If so, for what reason? Please provide the medication name and dosage.
4. Have you been told to seek any type of treatment that has not been completed?
5. Do you have any current or have you had any past mental, nervous, or drug/alcohol problems?
6. Is your blood pressure normal? If not, what are some of the current and past readings and do you take any medication for it?
7. Are there any lab test readings that have not been normal and what is the current status?
8. Do you have a family history (father, mother, siblings etc.) of heart disease, stroke, cancer, or diabetes?
9. Have you had any driving violations such as speeding, DUI/DWI, license suspension, etc. in the past 3-5 years?
10. Do you have any foreign travel plans? If so, where?
11. Have you ever participated in hazardous activities such as sky diving, racing, mountain climbing, scuba diving, ballooning, etc.? Do you expect to continue them in the future?

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