

## BUY/ SELL PROPOSAL REQUEST FORM

### *AGENT INFORMATION*

Today's Date: \_\_\_\_\_ Telephone #: (     ) \_\_\_\_\_ Fax #: (     ) \_\_\_\_\_

Broker Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is this your first DIS proposal? YES \_\_\_\_\_ NO \_\_\_\_\_ MAIL / FAX Proposal

### *CLIENT INFORMATION*

Business Name: \_\_\_\_\_ State: \_\_\_\_\_

| NAMES | DOB | TITLE / DUTIES | CLASS | INCOME | %OWNED | SMOKER |
|-------|-----|----------------|-------|--------|--------|--------|
|       |     |                |       |        |        |        |
|       |     |                |       |        |        |        |
|       |     |                |       |        |        |        |
|       |     |                |       |        |        |        |
|       |     |                |       |        |        |        |

Elimination Period: ☐ 365 ☐ 540 ☐ 730Benefit Period: ☐ 2 Years ☐ 3 Years ☐ 5 Years☐ Lump Sum Amount: \$ \_\_\_\_\_ ☐ Monthly Amount: \$ \_\_\_\_\_**Options:** ☐ Guaranteed Insurability

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***We also offer coverage for impaired health risks! Has your client been declined coverage?***