



DRISCOLL

Paycheck Protection Request

Send Completed Quote Form to:
(562) 252-8711 or quotes@driscollinsured.com

CLIENT INFORMATION

Name: _____ D.O.B. _____ Today's date: _____
Gender: ☐ Male ☐ Female Tobacco user: ☐ Yes ☐ No State: _____ Net annual income: _____
Occupation: _____ Work at home: ☐ Yes ☐ No % of time: _____
Company: ☐ Business owner/Self employed ☐ C-corp # of employees: _____ Years in business: _____
Government employee? ☐ Yes ☐ No Years of government employment: _____ ☐ Federal ☐ State ☐ County ☐ City
Group LTD in force? ☐ Yes ☐ No Monthly amount: \$ _____ ☐ 60% ☐ 67% Employer paid: ☐ Yes ☐ No
Individual coverage in force: ☐ Yes ☐ No Monthly amount: \$ _____ To remain in force? ☐ Yes ☐ No
Occupation duties: _____
Medical issues or other comments: _____

INDIVIDUAL DISABILITY POLICY

Who will pay the premium? ☐ Employer ☐ Employee Monthly benefits: \$ _____
Elimination period: ☐ 60 ☐ 90 ☐ 180 ☐ 365 Benefit period: ☐ 2 yrs ☐ 5 yrs ☐ to age 65 ☐ 66/67

Please check riders you would like to include:

- ☐ **Residual Benefits** - If you are able to work but your income is reduced because you cannot fulfill all of your job responsibilities, residual benefits can help to make up the difference in your income.
- ☐ **Non-Cancelable** - These types of policies can never be cancelled as long as premiums are paid, and premiums are guaranteed not to increase.
- ☐ **Cost Of Living Adjustment (COLA)** - The rider is designed to index your benefit to inflation, so that your benefit will stay constant in real dollars.
- ☐ **Own Occupation** - Coverage takes effect if your disability prevents you from working at your own occupation.
- ☐ **Future purchase option** - Provides you with the ability to increase your disability coverage, regardless of your future health, as your income rises.
- ☐ **Supplemental Social Insurance Benefit (SSIB)** - If you don't qualify for Social Security benefits, this rider increases the monthly disability by up to \$2,000.
- ☐ **Catastrophic (CAT)** - This rider pays an additional benefit if you are receiving total disability benefits and are unable to perform at least two activities of daily living (ADLs).

BUSINESS OVERHEAD EXPENSE POLICY

Monthly benefit: \$ _____ Elimination period: ☐ 30 ☐ 60 ☐ 90 Benefit period: ☐ 12mos ☐ 18mos ☐ 24mos
Benefit riders: ☐ Residual benefits ☐ Future purchase option

How Should We Contact You?

Phone: _____ Fax: _____ E-Mail: _____

How did you hear about us? _____