



BUSINESS DISABILITY QUOTE REQUEST

AGENT: _____ DATE: _____

Which proposal(s) are you requesting?

Buy-Sell Business Overhead Expense Business Loan Protection Key-Man

Business Name: _____ Headquarters- City, State: _____

Nature of business/industry: _____ Policy issue state: _____

Number of business owners: 1 2 3 4+

Owner(s) Name DOB Gender Occupation Tobacco Use % Ownership Annual Income Bonus Income

- 1.
2.
3.
4.

Total number of employees: 0-10 11-50 51-100 101-200 201-1,000 1,000+

Years the business has been operating _____ Do you have a buy-sell agreement? Yes No Required for insurance claim

Type of business entity and tax status: Corporation Taxed as: C corporation S corporation LLC Taxed as: Partnership C corporation S corporation Partnership Sole proprietorship

BUY/SELL QUOTE

Benefit Period: 2 years 3 years 5 years
Elimination Periods (days): 365 540 730
Lump Sum: Yes No
Riders: Future Increase Option

KEY PERSON QUOTE -The plan can be structured as monthly benefit, lump sum, or a combination of the two

Monthly Benefit Lump Sum
Max Max
Specified _____ Specified _____
Elimination Period (days): Elimination Period (days):
90 180 180 365 730

BUSINESS OVERHEAD EXPENSE QUOTE

Total Monthly Business Needs: \$ _____
Benefit Period (months): 12 18 24
Elimination Period (days): 30 90
Riders: Residual Future Increase Option

BUSINESS LOAN PROTECTION

Loan Amount \$ _____
Monthly Loan Payment _____ Length of Loan _____
BLP Effective Date _____
Elimination Period (days) 30 60 90 180 365

Please return the completed form to:

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