

DISABILITY INCOME INSURANCE QUESTIONS

PROSPECT INFORMATION

ANSWERS

Name _____

Contact _____

Best Phone Number to reach you? _____

Email Address ? _____

Gender ? _____

Date of Birth ? _____

Height ? _____

Weight? _____

Tobacco User ? _____

What is your occupation ? _____

Government Employee ? _____

How long have you been in that position ? _____

Do you work in your home ? _____

What % of time ? _____

What was your income in the last 3 years? _____

Do you receive a salary ? _____

What is your Base ? _____

What is the amount of your incentive pay ? _____

Gross income (W2)? _____

Do you Contribute to CA State Disability Plan? _____

Any unearned income? _____

Rentals? _____

Dividends? _____

Residence State ? _____

Have you been hospitalized in the 10 years ? _____

Reason ? _____

Any nervous disorders ? _____

Any medications ? _____

Reason ? _____

Monthly Budget for Disability Insurance ? _____

Desired Length of Coverage 1-5 Years ? _____

BUSINESS INFORMATION

Do you own a business ? _____

Form, C Corp, S Corp etc..? _____

How long have you owned the business? _____

Location of Business ? _____

Net Income (Business Owner) ? _____

**PLEASE FAX INFORMATION TO MY PERSONAL FAX MACHINE AT 425.955.5206
Michael Mendonca, FLMI, Mendonca Insurance Services 866.557.0315**