

DI QUESTIONS FOR BUSINESS OWNERS

AGENT NAME: _____ Prof. designation: _____
Company: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

Client Name: _____ M/F DOB _____ NS? _____
Company Name: _____
Existing \$ DI Insurance: _____ Replace? _____ None _____
Group LTD: % _____ Max (cap) _____ Em'er paid? _____
Premium Payor for this New Insurance: Insured _____ Em'er _____

TYPE OF BUSINESS:

Manufacturing _____ Wholesale _____ Retail _____
Service _____ Other: _____

Structure:

Sole Prop _____ Partnership _____ C-corp _____ S-corp _____ LLC _____ LLP _____
How long owned business _____ If multi owners, % owned _____
Title: _____
Supervise em'ees with manual duties _____ % of time # Em'ees _____
Travel over 25% _____ % time directly in sales _____
Description of duties:

If an MD, what is the specialty? _____
If an Engineer, what kind _____ Degreed? Y / N
If an accountant, CPA? Y / N If no, College Degree? Y / N
Consultant: Office at home? Y / N Average % of time on client site _____

Health:

Any known health problems _____
Psychological Counseling last 3 years _____
Stress medication _____

Quote:

Max _____ Other _____

Comments:

Earned Income:

	Annualized Current Income Rate Current Yr	Actual Last Yr	Actual 2 Yrs Ago
Sole Prop/Line 31 Sched. C	_____	_____	_____
Em'ee Salary (C&S Corp)	_____	_____	_____
S Corp/Partner Non-passive Net K1	_____	_____	_____
Bonus	_____	_____	_____
Commission	_____	_____	_____
Em'eer Pension/P S Contribution	_____	_____	_____

OVERHEAD EXPENSE / REDUCING TERM / BUY-OUT

OVERHEAD EXPENSE:

Monthly Benefit: \$_____ Existing Overhead insurance: \$_____mo.

Comments:

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BUSINESS REDUCING TERM: (Funds business loans)

Monthly Loan Payment: \$_____

Monthly payments remaining _____

Comments:

=====

DISABILITY BUY-OUT: Name of Company: _____

Years in business: _____

Business value: \$_____ Buy-Sell Agreement in force? Y / N

1) Name: _____ DOB: _____ % owned.: _____

2) Name: _____ DOB: _____ % owned.: _____

3) Name: _____ DOB: _____ % owned.: _____

4) Name: _____ DOB: _____ % owned.: _____

(need questionnaire for each showing duties, etc)

Funding: Lump sum / Installments / Combination

Buy-Sell Agreement "trigger": _____mos.

Comments:

