

**DI QUESTIONS FOR NON-OWNERS  
(INDIVIDUAL DI)**

AGENT: \_\_\_\_\_ Prof. Desig: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Tel. # \_\_\_\_\_ Fax# \_\_\_\_\_  
 Email: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_ M/F \_\_\_ DOB \_\_\_\_\_  
 Tobacco last 2 years? \_\_\_\_\_  
 Existing Insurance: \$ \_\_\_\_\_/Mo. Replace: Y / N None \_\_\_  
 Group LTD: % \_\_\_\_\_ Max (cap) \$ \_\_\_\_\_/mo. Contributory? \_\_\_ % \_\_\_\_\_  
 Premium Payor for this New Insurance: Insured \_\_\_ Em'er \_\_\_  
 Occupation: \_\_\_\_\_ Title: \_\_\_\_\_ Supervise em'ees with  
 Manual duties what % of time \_\_\_ Away from office over 25% ? \_\_\_\_\_  
 % time in sales \_\_\_ %  
 Description of duties: \_\_\_\_\_

If an MD / specialty \_\_\_\_\_ Accountant: CPA? Y / N (If "no", college degree? Y/N)  
 If an engineer, what kind \_\_\_\_\_ Degreed? \_\_\_\_\_  
 Consultant: If office at home, Average % of time on client site \_\_\_\_\_  
 Any known health problems \_\_\_\_\_  
 Psychological Counseling last 3 years \_\_\_\_\_ Type: \_\_\_\_\_ Start: \_\_\_\_\_ End \_\_\_\_\_  
 Stress medication? Y / N If yes, when to when? \_\_\_\_\_

Quote: \_\_\_\_\_  
 Max \_\_\_\_\_ Other: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Earned Income:	Annualized Current Income Rate	Actual Last Year	Actual 2 Years Ago
Em'ee <u>Gross</u> Salary	_____	_____	_____
Bonus	_____	_____	_____
Commission	_____	_____	_____
Em'er Pension/P S Contribution	_____	_____	_____
Unearned Income** **if > 10% of earned (estimated)	_____	_____	_____
Other: (def. comp, auto)	_____	_____	_____

Net Worth: Amount (if > \$6M): \$ \_\_\_\_\_  
 Comments: \_\_\_\_\_