



The Bloch Agency, Inc.
Quote Request

5950 Fairview Rd. Ste. 225
Charlotte, NC 28210
Phone: 704-643-0999 Toll Free: 800-696-1791
www.plusgroupnc.com

Agent Information:

Contact Name: _____ Address: _____
Email: _____ Phone: _____

Client Information

Client Name: _____ Sex _____ Tobacco use? _____ (type) _____

State: _____ DOB or AGE _____ No. of Children _____

Applicable: Daycare _____ Private School _____ College _____

Cost (Annual) \$ _____

Occupational Duties* _____

*Please be specific including any manual or field duties.

Income*: 2yrs ago _____ last year _____ current _____ Start date _____

*If self employed, income is Net Income (after expenses) on Schedule C.

If owner, percentage ownership _____ # of years _____ # of employees _____

Existing Coverage: Group _____ Paid by ER or EE? Individual _____

Benefit Amount requested: _____ (personal DI - overhead expense - buy sell)

Elimination Period: 30 60 90 180 365 / Benefit Period: 1yr 2yr 5yr to age 65/67 or Lifetime

Optional Riders:

COLA Residual Catastrophic FPO Return of Premium Own Occ

Medical Concerns / Medications - Circle all that apply:

High Blood Pressure Asthma Cancer Heart Attack
Anxiety Depression Diabetes Back/Neck
Current Medications Ht. Wt. _____

Explain any items with details that are checked:

Very Important: Disability cases are sometimes rated, declined or carry exclusions. Eliminate the surprise for your client and increase your closing percentage by asking your client about any known health conditions. Everything is subject to underwriting.