GORDONMARKETING
COMMITTED TO HEALTH, SENIOR, LIFE, ANNUITIES & YOU!
SINCE 1980

(800)388-8342
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# Disability Quote Request

## AGENT CHECKLIST FOR ILLUSTRATION

Applicant's name ______________________ Resident state ________ Date of Birth ____/____/____

Job duties ______________________

W2 employee or self-employed? ______________ If W2 employee, list monthly income $ __________

If self-employed:

For how long? __________ What percentage of the company do you own? __________

How many employees are employed by the business? __________

Do you work out of your home? ☐ Yes ☐ No

Taxable earned income for this year $ __________ Last year $ __________

Height ____ ft. ____ in. Weight ______ ☐ Male ☐ Female

Has the Proposed Insured ever used any form of tobacco or nicotine-based products, or substitutes such as patches or gum? ☐ Yes ☐ No

If YES, please list type __________ amount per day ______ last date of use ____/____/____

Medications ______________________

______________________

Back and/or neck problems? ☐ Yes ☐ No Chiropractic treatment? ☐ Yes ☐ No Last date seen ____/____/____

Diabetes? ☐ Yes ☐ No ☐ Type I ☐ Type II Age at onset ______

Hypertension? ☐ Yes ☐ No Date of diagnosis ____/____/____ Last reading ________, date ____/____/____

Skin cancer or tumors? ☐ Yes ☐ No Type and location __________ Last treatment date ____/____/____

Drug and/or alcohol abuse? ☐ Yes ☐ No Type of drug __________ Amount of alcohol __________

Treatment dates __________ Involvement in support groups ☐ Yes ☐ No Which? __________

Other medical history:

Agent Name ______________________

Agent Email ______________________

Agent Phone ______________________

Please Circle Options Below

Benefit Period : 2yr 5yr 10yr Age 65 Age 67

Elimination Period : 60 90 180 365 days

Riders : Own Occ COLA Future Purchase Non-Can

Send Request to Ray Parman ray@gordonmarketing.com

Thank YOU for thinking of Gordon Marketing for your Disability Income clients.