



### Disability Income Insurance (DI) Quote Request Form

Please e-mail requests to [newbusiness@lovettfinancial.net](mailto:newbusiness@lovettfinancial.net)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male    Female    State in which application will be signed: \_\_\_\_\_ Tobacco User?    Yes    No

Height \_\_\_\_\_ Weight \_\_\_\_\_ Occupation: \_\_\_\_\_

Description of Occupational Duties (include % of time doing each duty):

\_\_\_\_\_  
\_\_\_\_\_

Are you a business owner/self-employed?    Yes    No

If yes, how long? \_\_\_\_\_ How many employees? \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_

\*Please note: Use net income if business owner and gross income if W-2 employee and NO ownership

Do you currently have any in-force DI coverage (Individual or Group)?    Yes    No

If yes, details of coverage: \_\_\_\_\_

Do you have any medical history such as arthritis, back/spine problems (including chiropractic treatments), limb/extremity or joint problems, heart trouble, depression/anxiety, breathing problems, diabetes, pregnancy/complications of pregnancy (including C-section) or had any major surgeries?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medications that you currently are taking, along with the reasons why: (ex: Prozac or Lexapro, depression) (ex: Levothyroxine, thyroid deficiency) (ex: Lipitor®, high cholesterol)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

