



9. What is the amount of disability insurance?
10. What is the annual premium?
11. What is the policy date (i.e., when was the policy issued?)
12. If you have a projection of the policy's future performance, whether a current one or an illustration produced at the time you purchased the policy, please provide it.
13. What is your occupation? Please provide as much detail as possible in describing the nature of your occupational specialization, activities, duties, and daily schedule and work environment. These details determine the occupational class in which a disability insurer will place you.
14. Are you interested in more disability coverage than you currently have?
15. What is your total **earned** income for each of the last three years (i.e., wages, salary, self-employment income, etc.) as reported on your tax returns?  
(Please break out the amounts and distinguish between base salary and bonus-related compensation, if applicable).

Year 1

Year 2

Year 3

16. What is your total annual income/cash flow – from all sources - that you would need or want for yourself and any dependents in the event of your disability? And what is the period of time that you would want that income to last (for example, \$100,000/year in today's dollars for 25 years and then \$75,000 thereafter)?
  - a. Would you want this replacement income to keep pace with inflation? \_\_\_\_ Yes \_\_\_\_ No
  - b. What are the amounts and types of investment assets currently available to provide a portion of the replacement income (please provide as much detail as you conveniently can, and indicate whether these savings are in taxable or tax-deferred accounts):
17. Do you anticipate that your income will increase in the future, and, if so, at what average rate?
18. Do you have any group disability insurance through an employer, and, if so, how much and with what company?

- a. If you do have such group disability coverage through work, indicate how much of it is paid for by your employer and what portion you pay for:
- b. Do you have the option of obtaining additional group disability insurance through your employer? \_\_\_\_\_ Yes \_\_\_\_\_ No
19. Are you part of a group that might be in a position to apply for a group disability policy (e.g., through a common employer or professional practice group)? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please describe the nature of the group.
20. Would you consider an alternative company or policy that an independent consultant, who does not sell insurance, might recommend if the recommended alternative appears to provide a better value than your current policy? Yes No
- a. If the answer to Question 20 is “yes,” would you consider this alternative even if the agent or broker selling the original policy cannot offer the alternative policy because he or she cannot be licensed with the company that issues it? Yes No
21. Please specify any health conditions that MIGHT influence the health classification of a disability policy. Please provide details with regard to height, weight, blood pressure, cholesterol, any heart history, cancer, diabetes, back aches or problems, treatment for depression, and visits to physicians within the previous 5 years that might be relevant, etc.
- a. Your approximate height and weight:  
Height \_\_\_\_\_ Weight \_\_\_\_\_
- b. Did either of your parents or any siblings experience cardiovascular disease or cancer prior to age 60?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Please explain: include age of onset, diagnosis, history of treatment and results.
- c. Do you participate in hazardous activities, such as, but not limited to, flying private airplanes, mountain climbing, riding motorcycles, scuba diving, etc? Please provide any relevant details:
22. Do you smoke cigarettes, pipes, or cigars or use of tobacco in any way?  
If not, have you ever done so, and when did you last use tobacco.

If you are a cigar smoker, specify approximately how many cigars you smoke in a week, month or year.

23. What specific questions about, or objectives for, your disability insurance coverage do you have?
  
24. Please indicate the amount and type (individual or group) of any other disability insurance you own:

**When the questionnaire is completed, either e-mail it to [david@lifeinsuranceadvisorsinc.com](mailto:david@lifeinsuranceadvisorsinc.com) with the completed questionnaire attached as a Word document, or fax it to 815-377-3631. If you have a policy illustration of the policy you are considering, please include it.**