

**BUSINESS
 DISABILITY QUOTE REQUEST**

AGENT: _____ DATE: _____

Which proposal(s) are you requesting?

Buy-Sell Business Overhead Expense Business Loan Protection Key-Man

Business Name: _____ Headquarters- City, State: _____

Nature of business/industry: _____ Policy issue state: _____

Number of business owners: 1 2 3 4+

Owner(s) Name	DOB	Gender	Occupation	Tobacco Use	% Ownership	Annual Income	Bonus Income
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1. _____
2. _____
3. _____
4. _____

Total number of employees: 0-10 11-50 51-100 101-200 201-1,000 1,000+

Years the business has been operating _____ Do you have a buy-sell agreement? Yes No
Required for insurance claim

Type of business entity and tax status: **Corporation** Taxed as: *C corporation* *S corporation*
LLC Taxed as: *Partnership* *C corporation* *S corporation* **Partnership** **Sole proprietorship**

BUY/SELL QUOTE

Benefit Period: 2 years 3 years 5 years
 Elimination Periods (days): 365 540 730
 Lump Sum: Yes No
 Riders: Future Increase Option

KEY PERSON QUOTE -*The plan can be structured as monthly benefit, lump sum, or a combination of the two*

Monthly Benefit	Lump Sum
Max	Max
Specified _____	Specified _____
Elimination Period (days):	Elimination Period (days):
90 180	180 365 730

BUSINESS OVERHEAD EXPENSE QUOTE

Total Monthly Business Needs: \$ _____
 Benefit Period (months): 12 18 24
 Elimination Period (days): 30 90
 Riders: Residual Future Increase Option

BUSINESS LOAN PROTECTION

Loan Amount \$ _____
 Monthly Loan Payment _____ Length of Loan _____
 BLP Effective Date _____
 Elimination Period (days) 30 60 90 180 365

Do you need personalized assistance with the sales process? Yes No

Please return the completed form to Stone Hill DI Department: disability@stonehill.net

Howard Klebanow
 Disability Income Sales Director
 Phone: 330.576.1105