



# Assurance Brokers, LTD

Construction • Commercial • Auto  
Home • Life • Health

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## Client Information Needed for a Disability Income Quotation

Your Name:
Date of Birth:
Job Title/Duties:
Occupation:
Annual Income:

Address \_\_\_\_\_

Phone # \_\_\_\_\_

### HEALTH QUESTIONS:

1. Height & Weight: \_\_\_\_\_
2. Do you use any Nicotine Products? \_\_\_\_\_
3. Are you currently on any Medication? \_\_\_\_\_
4. Do you have any known health conditions? \_\_\_\_\_

### INSURANCE COVERAGE QUESTIONS:

1. What would be an acceptable elimination/waiting period (time before DI payment starts) for you - 1 month, 3 months etc.? \_\_\_\_\_
2. What type of benefit period would he be looking at? 2 years, 5 years or until age 65?  
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