



# Crump Disability Insurance Proposal Request Business Protection

Phone: 800.582.7785 | Fax: 888.584.9073 | Email: [disupportcenter@crump.com](mailto:disupportcenter@crump.com)

## AGENT INFORMATION

Agent: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Contact: \_\_\_\_\_ Affiliation: \_\_\_\_\_

How should we return the illustration? (Please check one)

Email: \_\_\_\_\_  Fax: \_\_\_\_\_  Other: \_\_\_\_\_

## CLIENT INFORMATION

Prospect: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ State of Residence: \_\_\_\_\_ State written in: \_\_\_\_\_

Occupation/Duties (Be specific): \_\_\_\_\_

Net Income: \_\_\_\_\_ Tobacco Use?  Yes  No

Business Structure:  C-Corp  LLC/Partnership  S-Corp Owner  Sole Prop

Length of Ownership? \_\_\_\_\_ Ownership Percentage: \_\_\_\_\_

Number of Employees? \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time

*\*Note: if more than 10 employees, overhead expense protection may not be available.*

Existing Business Coverage?  Yes  No if yes, details: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

## BENEFITS *\*Note: benefit options may be limited based on client information.*

### Business Overhead Expense Protection

Documented Monthly Expenses (see next page for calculator): \_\_\_\_\_


Benefit Period:  12 months  18 months  24 months Elimination Period:  30 days  60 days  90 days


### Business Loan Protection

Total Amount of Loan: \_\_\_\_\_ Monthly Loan Payment: \_\_\_\_\_

Payment Term (months): \_\_\_\_\_ Elimination Period:  30 days  60 days  90 days

Contact the Crump Disability Solution Center for more information

 800.582.7785

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