

**DI QUESTIONS FOR NON-OWNERS
(INDIVIDUAL DI)**

AGENT: _____ Prof. Desig: _____
 Company Name: _____
 Address: _____
 Tel. # _____ Fax# _____
 Email: _____

CLIENT NAME: _____ M/F ___ DOB _____
 Tobacco last 2 years? _____
 Existing Insurance: \$ _____/Mo. Replace: Y / N None ___
 Group LTD: % _____ Max (cap) \$ _____/mo. Contributory? _____ % _____
 Premium Payor for this New Insurance: Insured ___ Em'er ___
 Occupation: _____ Title: _____ Supervise em'ees with
 Manual duties what % of time ___ Away from office over 25% ? _____
 % time in sales _____%
 Description of duties: _____

If an MD / specialty _____ Accountant: CPA? Y / N (If "no", college degree? Y/N)
 If an engineer, what kind _____ Degreed? _____
 Consultant: If office at home, Average % of time on client site _____
 Any known health problems _____
 Psychological Counseling last 3 years _____ Type: _____ Start: _____ End _____
 Stress medication? Y / N If yes, when to when? _____

Quote: _____
 Max _____ Other: _____
 Comments: _____

Earned Income:	Annualized Current Income Rate	Actual Last Year	Actual 2 Years Ago
Em'ee <u>Gross</u> Salary	_____	_____	_____
Bonus	_____	_____	_____
Commission	_____	_____	_____
Em'er Pension/P S Contribution	_____	_____	_____
Unearned Income** **if > 10% of earned (estimated)	_____	_____	_____
Other: (def. comp, auto)	_____	_____	_____

Net Worth: Amount (if > \$6M): \$ _____
 Comments: _____