



## Confidential Income Protection Questionnaire

Name:  Date:

Date of Birth:  Height:  Weight:

E-Mail:  Phone:

Regarding cigarettes, e-cigarettes, cigars, pipe or smokeless tobacco:

Have you **EVER** smoked/chewed?  In the **PAST 24 MONTHS** have you smoked/chewed?

Approx. Annual Earned Income **BEFORE TAXES** and excluding 'investments':

Amount of money needed to pay bills & maintain household each **Month**:

An amount you can **comfortably afford to budget** each **Month**: \*

\* This is NOT to see how high we can get your premium. Our goal is to propose a 'solution' that fits within your budget.

Please list your '**daily job duties**' and the approximate **percentage of time** you spend on each.

Example: Outside - Sales Presentations 30%  
Inside - Preparation 45%  
Travel 25%

Job Duties:	% of Time (Must Total 100%)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

List any **health issues**, chronic back problems, high blood pressure, diabetes, etc. (use reverse side if necessary)

<input type="text"/>
<input type="text"/>

List any **prescription drugs** you currently take or indicate 'none'.

Drug	Dosage	Condition
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide a copy of any Disability Income policies you currently own.

We UNDERSTAND Insurance.

