SHOPIRO AGENCY INC

We UNDERSTAND Insurance

# 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? _____

Approximate **Monthly Income** BEFORE TAXES (excluding 'investments'): _____

Amount needed to **pay Monthly bills**: _____

**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 your time you spend on each.**

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

| Job Duties: | % of Time (Must Total 100%) |
|---|---|
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**List any health issues**, chronic back problems, high blood pressure, diabetes, etc. (use reverse side if necessary)

| |
|---|
| |
| |

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

| Drug | Dosage | Condition |
|---|---|---|
| | | |
| | | |
| | | |

**Please provide a copy of Disability Income policies you own.**

306 Hawley Avenue
Syracuse, NY 13203
Ph: (315) 913-3722
dave@shopiroagency.com

Trusted Choice

Independent Insurance Agent