



COMMERCIAL SPECIALISTS INSURANCE SERVICES

LIC # 0D80851

3155 Old Conejo Road, Thousand Oaks, CA 91320

PHONE: 888.501.2747 (CSIS) FAX: 888.502.2747 (CSIS)

WWW.CSISONLINE.COM

DISABILITY INSURANCE INFORMATION

How did you hear about us?

☐ BIA ☐ Chamber of Commerce ☐ Current Client ☐ Email
☐ Google ☐ Mailer ☐ Yahoo ☐ Yellow pages

☐ Referral: _____ ☐ Website: _____

Named insured _____

Owner's name _____ Contact's name _____

Phone #: _____ Cell # _____ Fax # _____

Email: _____ Preferred method of contact: ☐ Phone ☐ Fax ☐ Email ☐ Mail

Mailing address: _____

Physical/Premise address _____

Business entity: ☐ Sole proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ Other: _____

Do you carry Workers' Compensation insurance? _____ Carrier Name: _____

☐ Male ☐ Female ☐ Smoker ☐ Non-Smoker

Age/Date of Birth _____ Residence State _____

Occupation and Duties:

% Admin _____ % Managerial _____ % Sales _____

% Manual _____ % Other _____ % Travel _____

Office in Residence: ☐ Yes ☐ No If yes, % of time away from residence? _____

Business Owner: ☐ Yes ☐ No If yes, how many ywars? _____

Number of Employees: _____

Government Employee: ☐ Yes ☐ No If yes, Federal, State, County, or City? _____

Years of Employment? _____

THIS IS NOT AN APPLICATION, IT IS ONLY A PRELIMINARY INFO SHEET FOR A QUOTE.
ADDITIONAL INFORMATION MAY BE REQUIRED.

☐ **Individual Disability Insurance**

Most Important: ☐ Cost ☐ Superior Benefits

Monthly Benefit: ☐ Max ☐ \$_____

Elimination Period: ☐ 30 ☐ 60 ☐ 90

☐ 180 ☐ 365 ☐ 730

Benefit Period: ☐ 1 yr ☐ 2 yr ☐ 5 yr ☐ Age 65

Riders: ☐ Residual ☐ Cola ☐ FIO ☐ Own/Occ

☐ Social Security Supplement

☐ Return of Premium

☐ Automatic Increase

Other Disability Insurance/LTD In Force:

☐ Yes ☐ No

Group % _____ Group Max \$_____

Other Information (Health Issues etc)

Premium: ☐ Employee Paid ☐ Employer Paid

Additional Information:

Signature

Date

☐ **Business Overhead Expense**

Monthly Benefit: ☐ Max ☐ \$_____

Elimination Period: ☐ 30 ☐ 60 ☐ 90

Benefit Period: ☐ 12 ☐ 18 ☐ 24 **Months**

Riders: ☐ Residual/Partial ☐ FIO

☐ Automatic Increase

☐ Professional Replacement

☐ **Buy/Sell**

Plan: ☐ Lump Sum ☐ Monthly ☐ Combo

Elimination Period: ☐ 12 ☐ 18 ☐ 24 **Months**

Riders: ☐ HO ☐ Def Reduction

☐ **Key Person**

Elimination Period: ☐ 30 ☐ 60 ☐ 90 ☐ 180

Benefit Period: ☐ 12 ☐ 18 ☐ 24 **Months**

Riders: ☐ Replacement Expense