

agentMAX Rate Request for Excess Limit DI
(Executives, Doctors, Dentists)

Client's Name: State:

Client's DOB: Annual Salary:

Occupation:

Current Disability Insurance in force:

Proposed Use of This Insurance:

Desired Monthly Benefit: Benefit Period: 1 year 2 years 3 year 4 years 5 years

Elimination Period: 30 days 60 days 90 days 190 days 365 days 730 days

Optional Cola Rider: Optional Residual Disability Rider

Notes about any underwriting considerations (Provide specifics about the financial situation, including the indentity of the premium payor and their relationship to the applicant)

Agent's Info:

Name:

Address:

City: State: Zip: Fax:

Phone: Email:

agentMAX Production Exchange, Inc.
Fax to: 1-866-723-3600 Questions? Call 1-800-867-8376