

agentMAX Rate Request for High Risk Occupations (Pilots, Jockeys, Entertainers, Professional Athletes, Motor Racers, Golf Pro's)

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

Health issues and other underwriting consideration issues (Be specific about occupational duties)

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