

ISA Disability Income Quote ReQuest Form

You can fax the request to fax # 225.295.1079
or email request to : susan@insuranceservicesofamerica.com

Date _____ Agent _____

Coverage: Short Term DI _____ Long Term DI _____

Details needed:

Client _____

State _____ DOB: _____ Sex: _____

Smoker _____ Non Smoker _____

Occupation _____

Duties _____

Gross Monthly Income _____ or Annual Income _____

Preferred Benefits: circle below

Elimination Period 0/30/60/90/180/365

Benefit Period(years) 1 / 2 / 5 / 10 / to age 65/67

1.800.256.3222

Local 225.292.3222

Note - if there are any serious medical problems!