

Multi-Life Proposal Request Form

Print and fax completed form to 619-325-8444
or e-mail to sales@diservices.com

Quotes within 24 hours guaranteed!

Agent Information

Today's Date: _____ Phone: _____ Fax: _____

Broker Name: _____ Affiliation: _____

Address: _____ City: _____ State: _____ Zip: _____

Is this your first DIS proposal? Yes No Send proposal via: Mail Fax E-mail:

Client Information

Business Name: _____ Nature of Business: _____ State: _____

Names	Gender	DOB	N/S	Title / Duties	Class	Income	Benefit

Who will pay the premium? Employer Employee Elimination Period: 60 90 180 365 Benefit Period: 2 5 65 67

Benefit Riders: Own Occ. Residual benefits COLA Future purchase Non-Cancelable

Comments and Medical Information: _____

4444 Zion Avenue, Ste B
San Diego, CA 92120
619-284-8444
www.diexpert.com



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