

# Equity Brokerage Disability Proposal Worksheet

Please fax (704)375.5802 or e-mail the completed form to [laurie@equitybrokerage.com](mailto:laurie@equitybrokerage.com)

Today's Date:

Contract Type:     Individual Disability     BOE     Buy Sell     Key Man

Prospect Name:

Date of Birth: (mm/dd/yyyy):

Occupation & Duties:

If Physician, what specialty?

Is client a business owner?     Yes     No    If so, how long?

If so, what type of business entity?     S-Corp     Sole Proprietor     LLC     Partnership

Net Income/ Salary

Tobacco use?     Yes     No

Existing Coverage If Any:

Employer Paid?     Yes     No

Monthly Benefit Requested

*\*If none stated, max benefit will be run.*

Advisor Name:

Advisor Phone Number:

Advisor E-mail Address:

Advisor Fax Number:

Medical Conditions  
(If Any):

Special Requests



1230 W. Morehead Street,  
Suite 207  
Charlotte, NC 28208