

Taylor Insurance Agency Ltd

Disability Insurance Quote Request

Business Owners Only

General Information

Date Requested: _____ Date Required: _____
Broker Name: _____ Company: _____
Broker Tel: _____ Broker Fax: _____

Client Information

Client Name: _____ Date of Birth: _____
Smoker Status: _____ Sex: _____
Business Name: _____ Location: _____
Accreditations: _____ (Degrees / Diplomas / Certifications)
Homebased: No Yes If YES, % spent at home: _____ %

Business & Business Ownership Details

Nature of Business: _____
Years as owner: _____ Ownership %: _____
Income: _____ (last 3 years)
Duties: * Please provide the percentages of the following duties
 % Office / Administration % Supervisory % Manual
No. of employees: _____ (full time)
WC : _____ UIC : _____
Other DI Plans: _____ Unearned Income: _____
Income Breakdown: Salary: _____ Bonus: _____
Dividends: _____ Retained Earnings: _____
% of perks: _____ Total: _____
Fin'l Statements: Available Not Available
Taxable: Yes No

Quote Information

Elim Period: _____ (Days) Amount: _____
Benefit Period: _____
Options: Residual Partial COLA FIO
 1st Day Hospital HCB AD&D Retirement Prot
 Return of Prem. Lifetime extension Other: _____

Companies to Quote

Available Plans: Canada Life Maritime Life (formerly Aetna Canada)

Complete the form and fax it back to us at 905-763-2299

30 East Beaver Creek Rd., Suite 217

Richmond Hill, Ontario L4B 1J2

Tel: 905-763-8555 Fax: 905-763-2299 Toll Free: 1-800-387-8581