



good neighbor insurance

INTERNATIONAL DISABILITY PROPOSAL REQUEST

After filling out the proposal please:
 Fax to **480-813-9930** or
 Email Scan to **info@gninsurance.com**
 Phone: 866-636-9100 • www.gninsurance.com

Client's Name:

Client's DOB:

State:

Occupation:

Annual Salary:

Current Disability Insurance in force:

Proposed Use of This Insurance:

Desired Monthly Benefit: Benefit Period: 1 year 2 years 3 years 4 years 5 years

Elimination Period: 30 days 60 days 90 days 180 days 365 days 730 days

Optional Cola Rider:

Optional Residual Disability Rider

Comments regarding health issues or other underwriting consideration issues:

1. Are you actively at work?	Yes	No
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If "Yes" is answered for any of the following questions please provide full details in the space below.

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| 2. Is foreign travel or residence contemplated? | Yes | No |
| 3. Has your occupation changed within the last 2 years? | Yes | No |
| 4. Do you ever engage in hazardous sports or hobbies? | Yes | No |
| 5. Are you a party to any legal proceeding at this time? | Yes | No |
| 6. Are you aware of any fact that could change your occupation or financial stability? | Yes | No |
| 7. Have you ever been convicted of any felony or misdemeanor or do you have any charges pending? | Yes | No |
| 8. Have you or any business of which you had any ownership in filed for bankruptcy in the last 5 years? | Yes | No |
| 9. Have you had a driver's license suspended or revoked in the last 3 years; been convicted of 3 or more moving violations; been convicted of driving while impaired or intoxicated? | Yes | No |
| 10. Have you ever had disability, life, health, or accident insurance declined, postponed, cancelled, rated, or modified, or reinstatement of such refused? | Yes | No |

Details: