

Resource Insurance Services

License: OA93582
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Date Taken: _____
Completed: _____

Broker Name: Don Rizzo Broker Phone: 925-373-3273
Broker Address: 5850 Gloria Way, Livermore, CA 94550
Broker E-mail: don@rizzoresource.com Broker License #: OA93582 – CA

Client: _____ DOB: _____ Smoker: Yes No

Occupation/Daily Duties: _____

Self Employed: Yes No If yes, how many years? _____ State DI: Yes No

Yrs in Occupation: _____ Yrs w/ Current Employer: _____ Emp Contract: Yes No

% time wrking from home: _____ Govt Employee: Yes No Fed State City

Foreign Travel Yes No Locations: _____ Duration: _____

Existing DI Benefit: _____ Replacing: Yes No

Annual Income: _____ Last Year: _____ Previous Years: _____

Unearned Income: _____ Employer Paid Premium: Yes No

Monthly Benefit Desired: _____ Benefit Duration: 2yr 5yr Age 65 Age 67

Elimination Period (Days): 30 60 90 180 365 540 730

Coverage Type: Individual Buy Out Overhead Expense Key Person

Options: Residual Own Occ COLA Future Purchase Rate Guarantee

SIS Return of Premium Multi Life Discount Other: _____

Health & Additional Info: _____
