



Broker # 31238

PROPOSAL REQUEST

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:

Agent's Name:

Address:

Phone:

Fax:

Date:

Email:

(Fax 661-254-0604 or email piu@piu.org to Petersen International Underwriters)

23929 Valencia Boulevard, Suite 215

Valencia, CA 91355

800 345-8816 www.piu.org