

### DI Worksheet

Agent Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Client Name :			
Address:		State of Residence:	
Age:	DOB: / /	Sex: M F	
Height:	Weight:		
Cigarettes: Y N		Other Tobacco: Y N	

Health History (please give details):

- Cholesterol                       High Blood Pressure
- Family History                       Hazardous Activities (foreign travel, auto racing, etc..)
- Other \_\_\_\_\_

Occupation and description of job duties: \_\_\_\_\_

\_\_\_\_\_

Annual Income: \_\_\_\_\_

Is client a business owner or self-employed?:  Yes  No

If yes:      how long? \_\_\_\_\_      How many full-time employees? \_\_\_\_\_

In-force disability income monthly benefit - Individual: \_\_\_\_\_ Group: \_\_\_\_\_

Other Information: \_\_\_\_\_

\_\_\_\_\_

Please complete and return to

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