



**Disability**  
**Quote Request**

1615 Hill Road · Suite H  
Novato CA 94947  
415-897-9437  
www.MoyerIns.com

Fax to: 415-892-9043

Email: [Judy@MoyerIns.com](mailto:Judy@MoyerIns.com)

CA Lic. #0E83650

Name: _____	Phone: __ (____) _____
Address: _____	Cell: ____ (____) _____
City, State, Zip: _____	Fax: ____ (____) _____
	Email: _____

Date of Birth: \_\_\_\_\_

Monthly Benefit Amount Requested (*maximum is subject to your income (see below\*)*): \$ \_\_\_\_\_

Smoker or Non-Smoker: \_\_\_\_\_

If you smoked in the past, when did you quit?  
\_\_\_\_\_

General Health:  
(Please add page(s), if needed)

Surgeries:  
Type/when/outcome?

Prescriptions:  
Name/dosage/for what?

Type of Business (*if applicable*): \_\_\_\_\_ Premiums paid through employment? \_\_\_\_\_

\*Self-Employed? \_\_\_\_\_ Last Year's Adjusted Gross Income \$ \_\_\_\_\_

\*Employed? \_\_\_\_\_ Last Year's Gross/Taxable Income \$ \_\_\_\_\_

*This information is confidential. However, if you prefer to discuss any of the above options or conditions privately, please call us directly at 415-897-9437.*

Internal Use:	Initial: _____	Date: _____
---------------	----------------	-------------