

Marshall and Sterling Insurance

DISABILITY QUOTE REQUEST

Name _____ State of residence _____

Telephone # _____ Email Address _____

Date of Birth _____ Sex: Male _____ Female _____

Occupation/Duties _____

Annual Income _____ or Monthly _____

Employee pay _____ Employer Pay _____

Step _____ Level _____

Duration: 24 months 60 months to age 65

Waiting Period (days): 30 60 90 180 360

Cost of Living: 4% 6%

Current Coverage: (if applicable)

Amount \$ _____

Employee pay _____ Employer Pay _____

Group _____ Individual _____

Would you like this illustration? Faxed Mailed Emailed

Additional Comments:

Please fax or mail completed form to:

Marshall & Sterling Insurance
300 Route 23B
Leeds, NY 12451
800-724-0695
518-943-3900
518-943-7440, fax
www.marshallsterling.com/leeds
grs@marshallsterling.com