



Rockwood Programs, Inc., 4001 Miller Road, Wilmington, DE 19802-1999
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ROCKWOOD EXECUTIVE DISABILITY INCOME

IT'S A FACT! About one-third of all Americans between the ages of 35 and 65 will suffer a disability lasting a minimum of 90 days sometime during their careers. Unfortunately, most workers—especially those in white-collar jobs—fail to recognize the significant financial risk associated with this exposure.

Simply complete the following form and fax or e-mail it to Rockwood Programs. We will provide a no-obligation indication of premium within 24 hours of receipt. NOTE: This is not an application for coverage.

CLIENT INFORMATION

What Benefit(s) Does Your Client Seek From a Disability Income Product? (Check All That Apply.)

- | | |
|--|---|
| <input type="checkbox"/> Key Person Insurance | <input type="checkbox"/> Excess Disability Insurance Protection |
| <input type="checkbox"/> Stipulation of Buy/Sell Agreement | <input type="checkbox"/> Incentive for High-Salaried Employees |

Name of Client _____

Risk State _____ Client Birth Date ____ / ____ / ____ Annual Income \$ _____

Sex Male Female Tobacco User? Yes No

Occupation _____

Health History (Counseling and Chiropractic are Relevant) _____

Current Disability Insurance Coverage

Company: _____ Amounts \$ _____

Other Material Factors to be Considered _____

AGENT INFORMATION

Agent Name _____

Agency Name _____

Address _____

City _____ State _____ Zip _____

Phone Number (_____) _____ Fax (_____) _____

E-Mail Address _____ Date Submitted ____ / ____ / ____