

# Individual Disability Insurance

## Request For Quote



MCNISH FINANCIAL SERVICES, INC.  
26622 Woodward Ave., Ste. 200 | Royal Oak, MI 48067  
T: 248.544.4800 | F: 248.544.4801

Please print, complete and fax this form to McNish Financial Services at 248-544-4801. A representative will contact you with regards to the quote you are requesting within one business day of receiving your fax.

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

Gender:  Male  Female

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

Duties (be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Disability coverage in force: \_\_\_\_\_

### HEALTH CONDITIONS (prescriptions, hospitalizations, pre-existing)

Tobacco Use:  No  Yes (currently) Type: \_\_\_\_\_  
 Yes (previously) Type: \_\_\_\_\_ When stopped: \_\_\_\_\_

Health conditions you have received treatment for in the past (include dates): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications taken on a regular basis (include prescribed dosage): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CONTACT INFORMATION

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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