

# DISABILITY QUESTIONNAIRE



Instructions Please answer each question, helping us prepare the most accurate quote.

Questions? Call 800-323-6303 or 801-743-7788. Fax to: 801-685-2899 or email to: tvalentine@beehiveinsurance.com  
Mail to: Beehive Insurance Inc., attn: Todd Valentine, 302 West 5400 South, Suite 101, Murray, UT 84107

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Do you have any Disability coverage currently? \_\_\_\_\_ How Much \_\_\_\_\_  
Is it provided by your employer? \_\_\_\_\_ Employer Name \_\_\_\_\_  
What is the cap, if any? \_\_\_\_\_

Do you have any life insurance coverage? \_\_\_\_\_ Type \_\_\_\_\_  
Why much, and for how long? \_\_\_\_\_

How much Disability coverage are you looking for? \_\_\_\_\_

What was your personal income for the last two years? \_\_\_\_\_  
Year to Date this year? \_\_\_\_\_

What is your job title? \_\_\_\_\_

Describe your job duties? \_\_\_\_\_  
\_\_\_\_\_

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

Gender \_\_\_\_\_

Height & Weight \_\_\_\_\_

Have you used any form of tobacco in the last 12 months? \_\_\_\_\_ Type? \_\_\_\_\_

Have you used any form of tobacco in the last 5 years? \_\_\_\_\_ Last used? \_\_\_\_\_

Have you been treated for any of the following?  
Cancer, High Blood Pressure, Diabetes, Asthma, Immune System Disorders, Depression/Anxiety, Heart Disease, High Cholesterol,  
Drug/Alcohol Abuse, Epilepsy, or similar  
\_\_\_\_\_  
\_\_\_\_\_

Have you been convicted in reckless driving or driving under influence of alcohol or drugs in the last 5 years?  
\_\_\_\_\_  
\_\_\_\_\_

Are you a pilot or have a hazardous avocation or personal hobbies (i.e. skydiving)? (explain)  
\_\_\_\_\_  
\_\_\_\_\_

Do you travel internationally? If so where and how often?  
\_\_\_\_\_