PINNEY
INSURANCE

LTCI Quote Request

Income protection for life

Broker Name: ______________________ **Broker Phone:** ______________________

Broker Address: ____

Client: ______________________ **Date of Birth:** __________ **Smoker?** __ Y __ N
__ preferred or __ standard

Height: ______________ **Weight:** ______________ **State:** ________________

Married? __ Y __ N **Both Applying?** __ Y __ N

Spouse: ______________________ **Date of Birth:** __________ **Smoker?** __ Y __ N
__ preferred or __ standard

1. Monthly Benefit: __________________

2. Elimination Period (Days): __ 30 __ 60 __ 90 __ 180 __ 365 __ 730
__ 0 Day Home Care EP __ Calendar Day EP

3. Benefit Duration (Yrs): __ 3 __ 4 __ 5 __ 6 __ 7 __ 10 __ Shared __ Lifetime

4. Inflation Protection: __ Compound __ Simple __ Future Purchase
__ Step-Rated __ None

Carrier Preferences: ____________________________
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Specific Medical Conditions and Medication Prescribed:

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Toll-Free 800.823.4852 | Local 916.773.2800 | Fax 916.773.4484
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