

**DISABILITY QUOTATION**  
(INCOME PROTECTION)

Name of Applicant: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Smoker/Non Smoker: \_\_\_\_\_ Annual Earnings: \$ \_\_\_\_\_

EMPLOYMENT INFORMATION

Occupation: \_\_\_\_\_

Professional Designation(s) or Degree(s) \_\_\_\_\_

Exact Duties (describe fully) \_\_\_\_\_

Breakdown of duties – Office	_____	%	
Supervisory	_____	%	
Manual	_____	%	= 100%
Driving	_____	%	
Travel	_____	%	
Other (describe)	_____		

How many hours per week do you work? \_\_\_\_\_

What % of this time is spent working in your home? \_\_\_\_\_ %

Is employment seasonal? Yes No

If yes, # of weeks worked per year. \_\_\_\_\_

Do you have any part-time or other full-time jobs? Yes No

If yes, describe exact duties, # of hours worked and income.

Business/Employer Name: \_\_\_\_\_

Business/Employer Address: Street; Suite No.: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Nature of Employer's Business: \_\_\_\_\_

Number of years in present business: \_\_\_\_\_ Number of years in similar business: \_\_\_\_\_

**If self-employed**, number of years self-employed: \_\_\_\_\_

number of full-time employees excluding owners: \_\_\_\_\_

percentage of ownership: \_\_\_\_\_ %

Organization of business: sole owner partnership corporation

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