


Agent: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ Email: _____	 <b>CHAMPION AGENCY, INC.</b> <i>Innovative services for insurance brokers</i> Please Fax Your Request To: (505) 265-8513
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**DI/BOE Proposal Request Form**

<b><i>Client Information</i></b> Name: _____ DOB: _____ Home State: _____ Tobacco Use: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type and quantity: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Preferred Class: <input type="checkbox"/> Yes <input type="checkbox"/> No Height: _____ Weight: _____ Medications: _____ Health Issues to Include Mental, Muscular, Skeletal Conditions: _____ _____
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<b><i>Occupation and Duties/Employment Status</i></b> Occupation: _____ # of Yrs: _____ Exact Duties: _____ Annual Earnings w/Bonus: _____ Retirement Plan Deposits: _____ % Administration: _____, % Travel: _____, % Sales: _____, % Manual Labor: _____ % Managerial: _____, Number of Employees Supervised: _____, % Other: _____  Business Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of years: _____ Type of Entity: <input type="checkbox"/> Sole Prop/Partnership/LLC/LLP/S-Corp <input type="checkbox"/> C-Corp Number of Employees: <input type="checkbox"/> Full time _____ <input type="checkbox"/> Part-time _____ Office in Residence: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, % of time away from residence/wk: _____ Government Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other
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<b><i>Benefit Options</i></b> Monthly Benefit: _____ Benefit Period: <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 10* <input type="checkbox"/> to age 65* <input type="checkbox"/> lifetime* Waiting/Elimination Period: _____ Employer Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No Optional Riders: <input type="checkbox"/> COLA <input type="checkbox"/> Residual* <input type="checkbox"/> Non-Can* <input type="checkbox"/> Own-Occ* <input type="checkbox"/> Partial* <input type="checkbox"/> Automatic Increase* <input type="checkbox"/> SSI Amt: _____ <input type="checkbox"/> Future Purchase Option Amt: _____  <b><i>Alternate Proposal</i></b> Monthly Benefit: _____ Benefit Period: <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 10* <input type="checkbox"/> to age 65* <input type="checkbox"/> lifetime* Waiting/Elimination Period: _____ Employer Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No Optional Riders: <input type="checkbox"/> COLA <input type="checkbox"/> Residual* <input type="checkbox"/> Non-Can* <input type="checkbox"/> Own-Occ* <input type="checkbox"/> Partial* <input type="checkbox"/> Automatic Increase* <input type="checkbox"/> SSI Amt: _____ <input type="checkbox"/> Future Purchase Option Amt: _____  DI In Force: <input type="checkbox"/> Indiv:\$ _____ <input type="checkbox"/> Group:\$ _____ Premiums paid by: _____ Cap: _____  * Options may not be available with all companies or to all occupations
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How would you like to receive your proposal?  Fax  Email  Mail