



**BUSINESS OVERHEAD EXPENSE
BALLPARK QUOTE FORM**



Your Name _____
 Occupation _____ Specialty _____
 Date of Birth ____/____/____ Sex Male Female
 Business Owner Yes No % _____ Number of Employees _____
 Tobacco User Yes No If yes, how long? _____
 Mailing Address _____
 City _____ County _____ State _____ Zip _____
 Phone (_____) _____ Fax (_____) _____
 Email Address _____ Web Site _____
 Hours Practiced Per Week _____ Date Practice Established ____/____/____
 Best Way to Contact Phone Email Fax
 Contact Person _____ Now Closer to My Expiration/ Renewal Date
 Current Carrier _____ Current Premium _____
 Prior Acts Date ____/____/____ Current Deductible _____ Per Claim Yes No
 Current Limits _____
 Current Expiration Date ____/____/____

Determine your continuing business expenses to maintain your business while you are disabled:	\$ Amount
Rent/ Mortgage	\$
Utilities (electricity, water, phone, etc.)	\$
Employees' Wages	\$
Property and Liability Insurance	\$
Taxes on Owned Property	\$
Lease/ Scheduled Payments	\$
Accounts/ Billing Expenses	\$
Interest Payments on Debt	\$
Laundry and Maintenance Services	\$
Other Normal Business Expenses	\$
Total Monthly Business Expenses	\$ (=)
Business Overhead in Force	\$ (-)
Additional Business Overhead	\$
Do you have disability income insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much is your monthly benefit amount?	\$

Any additional information we should be aware of such as pre-existing medical conditions?	
Name of Condition	Details

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