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: _____
_____
_____

Specific Medical Conditions and Medication Prescribed:

_____

_____

_____

Toll-Free 800.823.4852 | Local 916.773.2800 | Fax 916.773.4484
2266 Lava Ridge Court | Roseville, CA 95661 | PinneyInsurance.com