



Live App™ Appointment Request Form

Proposed Insured's Full Name: _____

A Live App Operator will contact you at the time requested below to complete your Disability Insurance application. Appointments must be scheduled between 8:30AM and 4:30PM Central Time

Best day(s) to call: M T W Th F

Best time(s) to call: _____ Time Zone: _____

Best phone number: _____ Work Home Cell

Email Address: _____

Advisor Name: _____

Phone Number: _____ Email: _____

Indicate Coverage(s) Applying for:

Disability Income Carrier: _____

Overhead Expense Carrier: _____

Disability Buy-Out Carrier: _____

DI Retirement Security Carrier: _____

DI Key Person Carrier: _____

DI Business Loan Protection Carrier: _____

Are commissions to be split on this case? YES NO

If YES, what is the name of the other agent and what is the percentage split? _____

A COPY OF THE PROPOSED INSURED'S SOLD PROPOSAL(S) MUST BE INCLUDED WITH THIS FORM IN ORDER TO PROCESS THE APPLICANT THROUGH THE DRG LIVEAPP SYSTEM.

By signing below I certify that the client understands the coverage presented to them and has committed to the attached plan design. I also certify that the client is aware and understands that a DRG LiveApp representative will be contacting them in order to help facilitate the application process.

Advisor's Signature: _____ Date: _____

Please send this completed form with a copy of the sold proposal(s) via email to liveapp@drgdi.com or by fax to 773-725-7828. Please do not hesitate to contact us directly at 800-945-9719 Ext. 304 or 305 with any questions.

FOR INTERNAL USE ONLY

LiveApp Operator: _____ Password Given: _____

Call Date: _____
VM Performed LiveApp Scheduled (Date & Time) _____

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VM Performed LiveApp Scheduled (Date & Time) _____