Mark H Davis
2426 Narrow Gauge Rd
Reidsville, NC 27320
Phone 1-800-432-4857
Statesville
Phone 336-613-6315 Mobile
Fax 336-634-1559
Email -mhdavis@ncgrange.com

Date:
Referred by:

DISABILITY INSURANCE QUOTE QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential and will become part of your Application record.

Name *(Last, First, M.I.):*			☐ M ☐ F	**Birthday:**	
Marital status:	☐ Single	☐ Married	☐ Separated ☐ Divorced	☐ Widowed	
County of Residence:			**Zip Code:**		
Phone:	**E-mail Address:**				
Gross Salary Amount (check Annual or Monthly)			Annual	Monthly	

Please Describe your Job Duties:

HEALTH HABITS AND PERSONAL SAFETY			
ALL QUESTIONS CONTAINED IN THIS QUESTIONNAIRE ARE OPTIONAL AND WILL BE KEPT STRICTLY CONFIDENTIAL.			
Exercise	☐ Sedentary (No exercise)		
	☐ Mild exercise (i.e., climb stairs, walk 3 blocks, golf)		
	☐ Occasional vigorous exercise (i.e., work or recreation, less than 4x/week for 30 min.)		
	☐ Regular vigorous exercise (i.e., work or recreation 4x/week for 30 minutes)		
Tobacco	Do you use tobacco?	☐ Yes	☐ No
Current Coverage	Do you or anyone on this listed above currently have disability insurance coverage	☐ Yes	☐ No

OTHER PROBLEMS		
Check if you have, or have had, any symptoms in the following areas to a significant degree and briefly explain.		
☐ Skin	☐ Chest/Heart	☐ Recent changes in:
☐ Head/Neck	☐ Back	☐ Weight
☐ Ears	☐ Intestinal	☐ Energy level
☐ Nose	☐ Bladder	☐ Ability to sleep
☐ Throat	☐ Bowel	☐ Other pain/discomfort:
☐ Lungs	☐ Circulation	