



**LEONARD**  
FINANCIAL SOLUTIONS

Full Name:		
Length of Time at Current Employment:		
Hours per week at this Occupation:		
Description of specific duties:		
Percentage of time each day?		
Do you have an existing DI policy?      Yes                  No		
Total Earned Income:		
Current Calendar YTD:		
Prior Calendar Year:		
Second Prior Calendar Year:		
Does unearned income exceed 10% of total annual income?      Yes                  No		
Is your net worth greater than \$10M?      Yes                  No		
Are you a business owner?                      Yes                  No		
If yes, what percentage of the business do you own?		
Type of business:		
Sole Proprietor		
Partnership		
C – Corp		
S – Corp		
If business is an LLC, which of the 4 business types do you file as?		
Desired Elimination Period (Time from date of injury until benefit payments begin):		
60 days		
90 days		
180 days		
365 days		
Desired Benefit Period (Duration of benefit payments):		
Until age 65		
Until age 67		
Until age 70		

Please send the completed form to [jonathan@leonardfs.com](mailto:jonathan@leonardfs.com).  
Call 862-TAX-FREE if you have any questions.