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# The **DI** Difference

Disability Income Sales Training Manual



**Sample Policy Delivery Receipt – CA ePolicy Delivery Receipt**



**THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA**

**BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA**

Home Office: 700 South Street, Pittsfield, MA 01201

Berkshire Life Insurance Company of America is a wholly owned stock subsidiary of  
The Guardian Life Insurance Company of America, New York, NY

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**Policy Delivery Receipt**

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I hereby acknowledge receipt, on the date indicated below, of Policy No. \_\_\_\_\_ for \_\_\_\_\_  
Insurance issued by Berkshire Life Insurance Company of America, Pittsfield, Massachusetts, insuring \_\_\_\_\_  
\_\_\_\_\_.

I hereby acknowledge I have received a complete policy by attesting it includes all \_\_\_\_\_ pages as indicated by  
the page numbers located at the front top right and back left corners of each page in the bound policy.

Signed at \_\_\_\_\_ on \_\_\_\_\_  
City/State month – day – year

Delivered by \_\_\_\_\_  
Agent's Signature Policyowner's Signature

**Sample Policy Delivery Receipt – AMB/FIO ePolicy Receipt**



**BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA**  
Home Office: 700 South Street, Pittsfield, MA 01201  
*A wholly owned stock subsidiary of and administrator for  
The Guardian Life Insurance Company of America, New York, NY*

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**New Business Delivery Receipt**

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I hereby acknowledge receipt, on the date shown below, of an Additional Monthly Benefit Rider, an updated Schedule Page, the application I completed to obtain the additional coverage provided by the Additional Monthly Benefit rider, and any amendments. The Additional Monthly Benefit rider and other documents will be attached to and made part of Policy No. \_\_\_\_\_ ("the Policy") issued by Berkshire Life Insurance Company of America, Pittsfield, Massachusetts.

I acknowledge that I have received all \_\_\_\_\_ pages as indicated by the page numbers located at the front top right and back left corners of each of the aforementioned documents.

Signed at \_\_\_\_\_ on \_\_\_\_\_  
*City/State month – day – year*

Delivered by \_\_\_\_\_  
*Policyowner's Signature*



The following is a sample of the Income Protection Analysis Worksheet. Click the following link to view the original document: [7148](#)

**INCOME PROTECTION ANALYSIS WORKSHEET**

This worksheet was designed to help you clarify what income protection you have in place and what income may still be exposed to risk in the event you become too sick or injured to work.

Name \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Age \_\_\_\_\_  
 Agent \_\_\_\_\_  
 Agent Contact Information \_\_\_\_\_

	GROSS	AFTER TAXES
1. Salary	\$ _____	\$ _____
2. Bonus Incentive Compensation	\$ _____	\$ _____
3. Other	\$ _____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>	<b>\$ _____</b>

**HOW DO YOU PROTECT YOUR INCOME?**

Do you own any type of insurance to help protect your income?  Yes  No  
 If yes, who pays the premium? \_\_\_\_\_  
 If disabled, what percent of your TOTAL monthly take home income is replaced by your Group LTD Benefit? \_\_\_\_\_ %  
 Is there a monthly benefit cap? If so, do you know what it is? \_\_\_\_\_ % or \$ \_\_\_\_\_  
 Is bonus incentive compensation covered?  Yes  No  
 Are retirement contributions covered?  Yes  No  
 If yes, how? \_\_\_\_\_  
 If yes, does it include Employer match contributions?  Yes  No


**INCOME PROTECTED:** \_\_\_\_\_  
**INCOME UNPROTECTED:** \_\_\_\_\_  
 Here's what you can do to help protect the income at risk:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**FOLLOW-UP MEETING DATE/TIME:** \_\_\_\_\_

Disability income products underwritten and issued by Berkshire Life Insurance Company of America,  
 Pittsfield, MA, a wholly owned stock subsidiary of The Guardian Life Insurance Company of America, New York, NY.

7148 (03-10)  
 2010-02907



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The following is a sample of the Learn About the Business Fact Finder. Click the following link to view the original document: [Pub5774BL](#)

DISABILITY INSURANCE FOR OWNERS, EMPLOYEES AND BUSINESSES



## Learn About the Business

This worksheet is designed to help you understand how the business is structured, to determine the business owner's objectives, and to find out about coverage that may already be in place so you can recommend the appropriate coverage.

Business Name	
Address	
City/State/Zip	
Key Contact	
Phone	
E-mail	
Business Type <i>(Sole Proprietor, Partnership, S-corporation, C-corporation, LLC)</i>	

**Business Partners**

Name	Age	Title/Duties	Ownership Share	Annual Income

**Key Employees**

Name	Age	Title/Duties	Annual Income

*Continued...*

The Guardian Life Insurance Company of America New York, NY 10004-4025

**For Producer use only. Not for use with the general public.**

## Market Survey

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Fax: \_\_\_\_\_ Date: \_\_\_\_\_

1. Briefly, what do you do?

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How did you get into this business?

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How long have you been in business?

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2. How long have you been in the industry?

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Are you an owner of the business?

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Any partners?

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Is your business family-owned?

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How do you rate the current operating environment in your industry?

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3. What have you done to survive and be successful in your industry or business?

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Do you see growth in your industry? What's contributing to this growth (or, if not, what's holding the industry back?)

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What are the strengths of the industry?

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What are the weaknesses of the industry?

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What niches do you see as having high growth?

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Who are your major competitors?

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4. Who do you consider to be important trendsetters in your industry locally?

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5. What organizations are you a member of? Do you attend their meetings? Are they valuable to you?

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6. Are there key events/activities in your local industry that you think are valuable to participate in?

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7. Who are the key advisors in your industry (do any of them specialize in your industry?)

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Accountants \_\_\_\_\_

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Attorneys \_\_\_\_\_

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Bankers \_\_\_\_\_

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Other (computer consultant, HR, etc.?)

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Are you happy with their advice/service?

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8. Who typically is a good contact for you?

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Who do you rely on for business or financial advice or mentorship?

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9. Where do you go for industry business information?

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Which publications?

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Which Web sites?

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Which Associations?

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10. What pressing issues in your business do you not get enough information about (e.g. marketing, technology, financial, HR, legal)?

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How do you prefer to receive the information—  
Seminars? Publications? Mail? Internet? Business to business meetings?

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11. Who do you rely on for financial information?

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12. If business owner: What is your industry's biggest concern regarding attracting and retaining good employees? What types of benefits do employees in your industry expect? What benefits do you provide? Are they working to attract valuable employees?

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If executive: What types of perks do key executives in your industry look for? How would you rate the benefits here relative to satisfying your personal needs? What benefits do they provide? What's missing?

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13. What is your biggest financial challenge in business?

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14. Personally, what are your most pressing financial concerns (e.g. retirement security, elder care, business succession, funding college, etc.)?

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15. Who else in your business would be helpful in giving me some additional insight into the areas we discussed today? May I tell them you recommended I call them?

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Sample Certificate of Achievement

**CERTIFICATE**

*This Certificate of Achievement is presented to*

**Christine M. Weston**

For successful completion of  
*The DI Difference Training Program*

August, 2008

Berkshire Life Insurance Company of America, Pittsfield, MA, a wholly-owned stock subsidiary of  
The Guardian Life Insurance Company of America, New York, NY



**GUARDIAN**<sup>®</sup>

*John Newell*  
Signature

3337-2-2006