



**WIIG-CODR**  
 UNDERWRITERS CO.

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## LTCi Quotes

Proposed Insured	Spouse
Name	Name
State of Residence	State of Residence
Date of Birth	Date of Birth
Height & Weight	Height & Weight
Tobacco (Y/N)	Tobacco (Y/N)
Current Prescriptions	Current Prescriptions
Hospitalizations Last 5 Years	Hospitalizations Last 5 Years
Physical Impairments or Conditions	Physical Impairments or Conditions

Plan Design	Plan Design - Spouse
Preferred Company	Preferred Company
Daily Benefit	Daily Benefit
Married- Spouse not Applying (Y/N)	Elimination Period
Elimination Period	Benefit Period
Benefit Period	Limited Pay
Limited Pay	Simple or Compound Interest
Simple or Compound Interest	Partnership Compliant (Y/N)
Partnership Compliant (Y/N)	Other options
Other options	Comments
Comments	