

**Individual Health Insurance Quote**

Date \_\_\_\_\_  
Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_  
Address \_\_\_\_\_

Male/Female \_\_\_\_\_ DOB \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Used tobacco in the last 12 months? \_\_\_\_\_  
Pre-existing conditions? \_\_\_\_\_  
Medications & reasons? \_\_\_\_\_  
Ever treated for alcohol or drug addiction? \_\_\_\_\_ If so, when? \_\_\_\_\_  
Any DUI or speeding tickets in the last 5 years? \_\_\_\_\_  
Drive or ride a motorcycle? \_\_\_\_\_ Self employed? \_\_\_\_\_  
Any family member participated in any hazardous sports or activities (motor vehicle or boat racing, hand gliding, sky, skin, or scuba diving, pilot or student pilot) in the last 3 years? \_\_\_\_\_

Spouse Name \_\_\_\_\_ DOB \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Used tobacco in the last 12 months? \_\_\_\_\_  
Pre-existing conditions? \_\_\_\_\_  
Medications & reasons? \_\_\_\_\_  
Ever treated for alcohol or drug addiction? \_\_\_\_\_ If so, when? \_\_\_\_\_  
Any DUI or speeding tickets in the last 5 years? \_\_\_\_\_  
Drive or ride a motorcycle? \_\_\_\_\_ Self employed? \_\_\_\_\_

Number of Children, ages, sex \_\_\_\_\_

Pre-existing conditions, medications, and reasons for meds \_\_\_\_\_

**CURRENT COVERAGE**

Company Name \_\_\_\_\_ Current Premium \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Deductible/co-insurance \_\_\_\_\_  
Maternity? \_\_\_\_\_ Supplemental Accident? \_\_\_\_\_ Prescription Drug Cov.? \_\_\_\_\_

**REQUESTED COVERAGE**

Deductible \_\_\_\_\_ Co-insurance \_\_\_\_\_ Maternity \_\_\_\_\_  
Supp. Acc. \_\_\_\_\_ Prescription Drug \_\_\_\_\_  
Mode of Premium A \_\_\_\_\_ S \_\_\_\_\_ Q \_\_\_\_\_ C \_\_\_\_\_

Additional Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_