

Statewide Insurance Group LLC

Health/Life Quote Sheet

Name _____ Date of Birth _____ Social _____

Address _____

Phone # _____ Email address _____

Height _____ Weight _____ Smoking history _____

Type of coverage requested (Term Life, Short Term Health, Individual Health, Small Business Group Health, Vision, Dental, Critical Illness, Cancer, Heart, Medicare Supplement)

If you had prior coverage, please provide date when coverage ended. _____