

Quoting Data

Owner _____ Contact Person _____ Business Phone _____

Business Name _____ Cell Phone _____

Business Address _____ City _____ Zip Code _____

Home Address _____ City _____ Zip Code _____

Spouse _____ Home Phone _____ Cell Phone _____

Current Health Insurance Information

Ins. Company _____ Deductible _____ Number Per Family _____

Co-Insurance _____ Out Of Pocket _____ Dr Co-pay _____ # of Visits Per Year _____

Prescription Deductible _____ Rx Co-pay _____ Miss. Riders _____ Current Premium _____

Medical Information

| Name | Male | Female | Date of Birth | Height | Weight | Smoker | Rx | # | Condition | Name of Medication | Diagnosis Date | # of tabs Daily |
|---------|--------------------------|--------------------------|---------------|--------|--------|--------|--------|-------|-----------|--------------------|----------------|-----------------|
| 1 _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | Yes No | Yes No | _____ | _____ | _____ | _____ | _____ |
| 2 _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | Yes No | Yes No | _____ | _____ | _____ | _____ | _____ |
| 3 _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | Yes No | Yes No | _____ | _____ | _____ | _____ | _____ |
| 4 _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | Yes No | Yes No | _____ | _____ | _____ | _____ | _____ |
| 5 _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | Yes No | Yes No | _____ | _____ | _____ | _____ | _____ |
| 6 _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | Yes No | Yes No | _____ | _____ | _____ | _____ | _____ |

Medical History

Insured, Spouse & Children - Last ten years only - Hospitalizations - Major tests Completed, Not completed, Results - Heart conditions, Cancer, Diabetes, Stroke, etc.

Do they have either a deductible or budget in mind

AND How soon do they need coverage
