



Simplified Request for Individual Health Insurance Quotes -

Our Fax: 888.583.3110	Our Phone: 888.611.SHOP	E-mail: info@insuranceshopllc.com
Our Web: www.insuranceshopllc.com		

Your Information:

Name:					
Gender:			Date of Birth:		
Address:					
City:			State:		Zip:
Weight:	lbs	Height:			

Dependent/Family Info (if to be covered)

Spouse Gender:		DOB:	
Weight:	lbs	Height:	
Child1 Gender:		DOB:	
Weight:	lbs	Height:	
Child2 Gender:		DOB:	
Weight:	lbs	Height:	
Child3 Gender:		DOB:	
Weight:	lbs	Height:	
Child4 Gender:		DOB:	
Weight:	lbs	Height:	
Child5 Gender:		DOB:	
Weight:	lbs	Height:	

General Questions:

What types of health coverage would you like to see (e.g., HMO, PPO, High-Deductible (HSA Eligible) Health Plan, etc.)?

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Any health problems that could affect premium? Please Explain.

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Any special requests or remarks?

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How did you hear about us?

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