



QUOTE REQUEST FORM FOR INDIVIDUALS
Fax: 502-813-4194

Date: _____

Agent Name: _____

Fax #: _____ Email Address: _____

Phone #: _____

Oldest individual name: _____
(Please note if a family or couple policy, it must be in the oldest persons name
If policy for children only has to be in youngest child's name)

County of Residence: _____ Zip Code: _____

D.O.B.: _____ Sex: _____ SPOUSE—D.O.B. _____ Sex: _____
Smoker: _____ Non-Smoker _____ Smoker: _____ Non-Smoker _____
Height: _____ Weight: _____ Height: _____ Weight: _____
Exercise regularly: Y _____ N _____ Exercise Regularly: Y _____ N _____

Number of Children: _____

Male: _____ Age: _____ Female: _____
Age: _____

Male: _____ Age: _____ Female: _____
Age: _____

(For Family or single with children plan need the 3 oldest children's ages.)

Type of Contract: S Single
 E/S Couple
 E/C Single parent w/ Child or Children
 F Family
 C Child(ren)

Anyone take Medications and what for: _____

Anyone have any Health problems: _____

Carriers to Quote: