REZA SHAH
FINANCIAL & INSURANCE SERVICES, INC

Health Insurance Quote Request

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Please use this form to request an life insurance quotation.
By completing this form as accurately and completely as possible, you help us get you the best premium possible.

PERSONAL INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	☐ MARRIED ☐ SINGLE
SOCIAL SECURITY #:	DATE OF BIRTH:	HEIGHT:	WEIGHT:
HOME ADDRESS:	CITY:	STATE:	ZIP:
HOME PHONE:	CELL PHONE:	EMAIL:	

MISCELLANEOUS INFORMATION

CURRENT OCCUPATION:	EARNED INCOME THIS YEAR & LAST YEAR:
ANY CITATIONS ON YOUR DRIVING RECORD? IF YES, PLEASE EXPLAIN:	
DO YOU PARTICIPATE IN ANY HAZARDOUS ACTIVITIES (i.e., SKYDIVING, PILOTING, AUTO RACING, ETC.)? IF YES, PLEASE EXPLAIN:	

HEALTH CONDITIONS

ANY TOBACCO USE IN THE LAST 12 MONTHS?: ☐ YES ☐ NO		TYPE OF TOBACCO USED:	
HAVE YOU BEEN HOSPITALIZED IN THE LAST 5 YEARS? ☐ YES ☐ NO	DATE(S):	DIAGNOSIS(ES):	LINGERING EFFECTS:
ARE YOU TAKING ANY PRESCRIPTION MEDICATIONS? ☐ YES ☐ NO	MEDICATION:	DIAGNOSIS(ES):	
ANY CURRENT OR PAST ILLNESSES (LAST 5 YEARS)? ☐ YES ☐ NO	DATE(S) DIAGNOSED:	ILLNESS(ES):	

FAMILY HISTORY OF MAJOR HEALTH CONDITIONS

NAME:	RELATIONSHIP:	DATE DIAGNOSED:	ILLNESS:

PLEASE FAX/EMAIL THIS FORM ALONG WITH A COPY OF YOUR PREVIOUS INSURANCE POLICY IF ANY

This form and information is intended for a quote. It is not an insurance contract. Actual policy describes your coverage.
By submitting this form I certify that the above information is accurate and true.

SIGNATURE _____ DATE