



**BEST VALUE
INSURANCE
AGENCY, INC.**

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**Health Intake
No Obligation Quote Request Form**

Agent Name: _____

Phone #: _____

Contact Information

Name: _____ Email Address: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone-Home: (____) _____ - _____ Work: (____) _____ - _____ Best Time to Reach You: _____

Current Health Insurance Coverage Information

Do you have any current coverage? Yes No If yes, what company? _____
Why do you wish to switch carriers? _____
Current Premium: _____ % Rate Incr. Last 12 months: _____ Preferred Hospital? Yes No
If yes, which one? _____ Desired Deductible: _____ Desired Co-Pay: _____
Health Carriers to Quote: _____

Health Information and Conditions

Primary person to be Insured: _____ Occupation: _____
Date of Birth: _____ Age: _____ Gender: M F Maternity Coverage: Y N
Height: _____' _____" Weight: _____ lbs Tobacco User (Past 12 Months): Yes No
Spouse: _____ Coverage Desired: Y N Occupation: _____
Date of Birth: _____ Age: _____ Gender: M F Maternity Coverage: Y N
Height: _____' _____" Weight: _____ lbs Tobacco User (Past 12 Months): Yes No

Children:	Name	Date of Birth	Gender		Coverage Desired	
			<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Has anyone who desires coverage had any of the following health conditions, including but not limited to: diabetes, cancer, thyroid, heart, stroke, angioplasty, hypertension, cholesterol, stomach problems, liver or kidney disorders, asthma, alcohol or drug abuse, chemical dependency, mental health disorders, or are currently pregnant?

Has anyone who desires coverage been hospitalized or had any surgeries in the last five years? Explain:

Is anyone who desires coverage taking any prescription medication? If yes, what are the prescription names, dosages, frequency and why are they being taken?



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