(817) 613-1098

J.B. Gross Insurance Agency LLC

FAX (817) 613-1360

Individual Insurance Information Sheet

Date Submitted:_______________ Information taken by:________________________________ Referred by:____

Effective Date:_______________ (1) Prospect's Name:____________________________________ Contact Person:_____________________________________

Gender: Male / Female DOB:_______________ Tobacco: YES / NO Occupation:____

Address:____ City:__________________________ Zip:___________ County:______________________

E-mail Address:____ Single Married Children(#):_______

Home Phone: (_______) ________-_________ Work Phone: (_______) ________-_________ (1 2) Cell Phone: (_______) ________-__________ (1 2)

Dependent Information

(2) Spouse:________________________ M F DOB:____________ Tobacco: YES / NO Occupation:________________________________

(3) Child:__________________________ M F DOB:____________ Tobacco: YES / NO

(4) Child:__________________________ M F DOB:____________ Tobacco: YES / NO

(5) Child:__________________________ M F DOB:____________ Tobacco: YES / NO

(6) Child:__________________________ M F DOB:____________ Tobacco: YES / NO

Check the type(s) of coverage to be quoted

HMO Dental Life Disability STM Supplemental

Co-pay Requested

YES / NO

Deductible Requested

$0-$2000 $3150-$5000 $6000-$7900

Drug Card

YES / NO

Current Coverage: YES / NO

-If YES: Until when? _________________ Carrier's Name:____ Current Premium: $____________________

-If NO: Is Cobra available to you? YES / NO How long have you been without coverage? ________________________________

Physician/Network Check: *List your current doctor(s)* using column (#) to correspond to the (1) Applicant (2) Spouse (3) Child (4) Child (5) Child (6) Child*

PHYSICIAN'S FULL NAME	#	PROVIDER TYPE (GP, OBGYN, etc)	PHONE NUMBER	CITY & ZIP CODE

Medications List: List ALL PRESCRIPTIONS, include TYPE [Capsules/Tablets/Liquid/Etc.] ,and DOSAGE (NO OVER THE COUNTER OR NON-PRESCRIPTIONS)

**Print additional sheets if needed for provider or medication information*

____ _______________

Prospect's Signature Date