



**PALIC Insurance Quote**

Referred by: \_\_\_\_\_

Current Insurance: \_\_\_\_\_

Who's Covered: \_\_\_\_\_

Premium: \$ \_\_\_\_\_

Deductible: \$ \_\_\_\_\_

Email: \_\_\_\_\_

Phone#: \_\_\_\_\_

Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Name of Primary: \_\_\_\_\_ DOB: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Tobacco Y/N \_\_\_\_\_

Medications: \_\_\_\_\_

Any Cancer last 5 years: \_\_\_\_\_

Medical conditions, hospitalization or injury last 12 months: \_\_\_\_\_

Rate Up Points: \_\_\_\_\_

Name of Spouse or Secondary: \_\_\_\_\_ DOB: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Tobacco Y/N \_\_\_\_\_

Medications: \_\_\_\_\_

Any Cancer last 5 years: \_\_\_\_\_

Medical conditions, hospitalization or injury last 12 months: \_\_\_\_\_

Rate Up Points: \_\_\_\_\_

# of Dependents: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Medications: \_\_\_\_\_

Medications: \_\_\_\_\_

Any Cancer last 5 years: \_\_\_\_\_

Any Cancer last 5 years: \_\_\_\_\_

Any Medical conditions, hospitalization or injury last 12 months: \_\_\_\_\_

Any Medical conditions, hospitalization or injury last 12 months: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Medications: \_\_\_\_\_

Medications: \_\_\_\_\_

Any Cancer last 5 years: \_\_\_\_\_

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Any Medical conditions, hospitalization or injury last 12 months: \_\_\_\_\_

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**Quotes:**

HSP Gold Value \$ \_\_\_\_\_

Deductible \$ \_\_\_\_\_

HSP Gold Plus \$ \_\_\_\_\_

Deductible \$ \_\_\_\_\_

HSP Gold Preferred \$ \_\_\_\_\_

Deductible \$ \_\_\_\_\_

Critical Illness \$ \_\_\_\_\_

Accident \$ \_\_\_\_\_

Specified Disease Deductible \$ \_\_\_\_\_ Max \$ \_\_\_\_\_