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| PALIC Insurance Quote | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Referred by: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Current Insurance: | | | | | | |  | | | | | | | | | | | | | | | |  | | Who’s Covered: | | | | | | | | | | |  | | | | | | | | |
| Premium: | | | | $ | | |  | | | | | | | | | | | | | | | |  | | Deductible: | | | | | | | $ | | | |  | | | | | | | | |
| Email: | | | | | | |  | | | | | | | | | | | | | | | |  | | Phone#: | | | | | | | | | | |  | | | | | | | | |
| Zip Code: | | | | | | |  | | | | | | | | | | | | | | | |  | | County: | | | | | | | | | | |  | | | | | | | | |
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| Name of Primary/Occupation: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | DOB: | | | | | | |  | | | | | | | |
| Height | | | |  | | | | | | | | Weight | | | | | | | | |  | | | | | Tobacco | | | | | | | | | | Y/N | | | | | | | |  |
| Medications: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Any Cancer last 5 years: | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical conditions, hospitalization or injury last 12 months: | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Rate Up Points: | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name of Spouse or Secondary: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | DOB: | | | | |  | | | | | | | | | | |
| Height | | | | |  | | | | | | | Weight | | | | | | | |  | | | | | | | Tobacco | | | | | | | | Y/N | | | | | | | |  | |
| Medications: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Any Cancer last 5 years: | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical conditions, hospitalization or injury last 12 months: | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Rate Up Points: | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| # 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:** | | | | | | | | | | | | | | | | | |  | | |
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| **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:** | | | | | | | | | | | | | | | | | |  | | |
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| **Quotes:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HSP Gold Value | | | | | | | | | | $ | | |  | | | | | | | | |  | | Deductible | | | | | | | | | | | | | | | $ | |  | | | |
| HSP Gold Plus | | | | | | | | | | $ | | |  | | | | | | | | |  | | Deductible | | | | | | | | | | | | | | | $ | |  | | | |
| HSP Gold Preferred | | | | | | | | | | $ | | |  | | | | | | | | |  | | Deductible | | | | | | | | | | | | | | | $ | |  | | | |
| Critical Illness | | | | | | | | | | $ | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | |  | |  | | | |
| Accident | | | | | | | | | | $ | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | |  | |  | | | |
| Specified Disease | | | | | | | | | | | Deductible | | | | | | | $ |  | | | | | | | | | | | |  | | Max | | | | | $ | |  | | | | |
| Catastrophic Accident | | | | | | | | | | | Deductible | | | | | | | $ |  | | | | | | | | | | | |  | | Max | | | | | $ | |  | | | | |