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