

Prospective Client Questionnaire

Date _____

1. How did you hear about us? ___ Another Agent (Name) _____
 ___ Friend or Relative
 ___ Yellow Pages
 ___ Internet / Web
 ___ Newspaper (which one) _____
2. Have you seen a doctor in the last 5 years? No___ Yes___
3. Are you currently under a doctor's care? No___ Yes___
4. Do you take any major medications? No___ Yes___
5. Are you a smoker? No___ Yes___
6. Are you currently covered by any insurance? No___ Yes___ Company _____
7. Do you need coverage such as...? Maternity___ Dental___ Vision___ Prescriptions ___ Chiropractic___ Acupuncture___ Other_____
8. Age and sex of each insured, including yourself.
 Age _____ Male ___ Female ___ Age _____ Male ___ Female ___
 Age _____ Male ___ Female ___ Age _____ Male ___ Female ___
 Age _____ Male ___ Female ___ Age _____ Male ___ Female ___

PERSONAL INFORMATION	
Name _____	Last name _____
Address _____	Apt. _____
City _____	State _____
ZIP _____	
Phone: Work/Day _____	Home _____ Cell. _____
E-mail address _____	

Do you need any other type of insurance such as...?

Life ___ Disability ___ Annuities ___ Long Term Care ___ Auto ___ Home ___