

Client Intake Form



CLIENT INFORMATION

Full Name: _____
(Legal First) (MI) (Last) (Nickname/Preferred)

Date of Birth: ____/____/____
(MM/DD/YYYY)

Social Security #: ____ - ____ - ____
(Optional, some companies may require)

Marital Status: _____
(Single, Married, Divorced, Windowed, etc.)

Spouse/Partner: _____
(Legal First, MI, Last Name)

Mobile Phone: (____) ____ - ____

Landline Phone: (____) ____ - ____

Yes, it is ok to send me SMS messages.

Preferred Method of Contact:

(Choose only one) Call Text Email Mail

Email: _____

Physical Address (not a PO box):

Mailing Address (if different from physical):

(Street)

(Street)

(City) (State)

(City) (State)

(Zip) (County)

(Zip) (County)

How did you hear about us? _____

Do you use tobacco? Yes No

PROPERTY & CASUALTY INFORMATION

HEALTH INSURANCE INFORMATION

Current Coverage: _____
(Individual, Medicaid, Employer, Retirement, COBRA, Medicare, etc.)

Current Coverage: _____
(Farmer's, Traveler's, Progressive, etc.)

Motor Vehicle Home Other:

Are you a veteran? Yes No
If "Yes", are you receiving benefits? Yes No

Current Coverage Term Date: ____/____/____
(MM/DD/YYYY)

Medicare ID: ____ - ____ - ____
(NAEN-AEN-AANN)

Education Level: _____
(HS Diploma, GED, College, etc.)

Part A: ____/01/____ **Part B:** ____/01/____

Interested in:
 Vehicle Home/Condo Umbrella Other:

Do you receive extra help? _____
(Low Income Subsidy, BigSky Rx, Medicaid, Prescription Assistance, etc.)

Driver's License #: _____

Preferred Pharmacy: _____

Number of Household Drivers: _____

Please attach or send declaration sheets from your current coverage, or other documentation describing what you need a quote for.