

Sam Bond Benefit Group, Inc.

200 Beach Drive, Suite 9
St. Petersburg, FL 33701
813.441.0477 ph/fax/cell

~ INDIVIDUAL ~

REQUEST FOR PROPOSAL

Name _____ DOB ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail _____

What kind of health insurance do you currently have? _____

What kind of life insurance do you currently have? _____

Tobacco use? ___Y___N Quit When? _____ Ht. _____ Wt. _____

Have you been to the doctor in the last 5 years? ___Y___N Primary Dr. _____

What have you been treated for at the doctor? _____

Do you take any meds? _____

Interested in: Life Health Dental Vision ST or LT Disability Long Term Care
(please circle)

Spouse Name _____ DOB ____/____/____ Ht. _____ Wt. _____

Spouse Tobacco? ___Y___N Proposed Beneficiary(ies) _____

Children to be covered _____ DOB ____/____/____

_____ DOB ____/____/____

Do you/have you? (please circle) International Travel Scuba Skydive Pilot

Racing DUI/Too Many Tickets Incarceration Are both parents living? ___Y___N

Age at passing and circumstances Mother _____ Father _____

Income _____ Debts _____

Assets _____ Last Wishes (Legacy) _____