

## Sam Bond Benefit Group

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St. Petersburg, FL 33701  
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~ INDIVIDUAL ~

### REQUEST FOR PROPOSAL

Interested in: Life      Health      Dental      Vision      ST or LT Disability      Long Term Care

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. \_\_\_\_\_

Spouse Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_

Spouse Tobacco? \_\_\_\_Y\_\_\_\_N Proposed Beneficiary (ies) \_\_\_\_\_

Children to be covered \_\_\_\_\_

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? \_\_\_\_\_

Do you/have you? (Circle if applicable) International Travel      Scuba      Skydive      Pilot

Racing      DUI/Too Many Tickets      Incarceration      Are both parents living? \_\_\_\_Y\_\_\_\_N

Age at passing and circumstances Mother \_\_\_\_\_ Father \_\_\_\_\_