

Sam Bond Benefit Group

200 Beach Drive, Suite 9
St. Petersburg, FL 33701
Ph: 727.823.2663
Fax: 813.283.0672

RFP INDIVIDUAL

REQUEST FOR PROPOSAL

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

What kind of health insurance do you currently have? _____

What kind of life insurance do you currently have? _____

Interested in:

Life Health Dental Vision ST or LT Disability Long Term Care

Tobacco use? Y N Quit when? _____ Ht. _____ Wt. _____

Spouse Name: _____ DOB: _____ Ht. _____ Wt. _____

Spouse Tobacco? Y N Quit when? _____

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? Yes No If yes, please list: _____

Do you/have you? International Travel Scuba Skydive Pilot Racing

DUI/Too many tickets Incarceration Are both parents living? Y N

Parents' ages if living, or at passing and circumstances:

Mother Age: _____ Circumstances: _____

Father Age: _____ Circumstances: _____