

# Pollman's INSURANCE AGENCY, INC.

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## INDIVIDUAL INFORMATION

ALL ITEMS MUST BE COMPLETED IN FULL

NAME OF INSURED \_\_\_\_\_

CITY \_\_\_\_\_, CA ZIP \_\_\_\_\_

### 1) CURRENT OCCUPATIONAL STATUS:

- EMPLOYED       SELF-EMPLOYED  
 STUDENT       UNEMPLOYED  
 CHILD

### 2) JOB TITLE: \_\_\_\_\_

EMPLOYER'S SPECIFIC INDUSTRY \_\_\_\_\_

CHECK IF OFFICE EMPLOYEE ONLY

SPOUSE'S JOB TITLE: \_\_\_\_\_

EMPLOYER'S SPECIFIC INDUSTRY \_\_\_\_\_

CHECK IF OFFICE EMPLOYEE ONLY

## BENEFIT INFORMATION

*Maternity, Rx Card and Supplemental Accident will always be quoted if available as options*

1) DESIRED EFFECTIVE DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

- 2) DEDUCTIBLE:     \$0-250       \$250-500  
                          \$500-\$1000     \$1000 +

# Individual Health Proposal Request

## HEALTH INFORMATION

1) CURRENTLY PREGNANT?     YES     NO  
(IF YES, DELIVERY DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_)  
(IF YES, CALL REP PRIOR TO QUOTING)

### 2) SIGNIFICANT MEDICAL HISTORY:


\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CENSUS INFORMATION

RELATIONSHIP	SEX	AGE/DATE OF BIRTH	FULL-TIME STUDENT*
<b>INSURED</b> 	FOR BEST RATE, LIST YOUNGER SPOUSE AS "INSURED"...		N/A
SPOUSE	...THEN LIST OLDER "SPOUSE" HERE		N/A
CHILD #1			
CHILD #2			
CHILD #3			
CHILD #4			
CHILD #5			
CHILD #6			
CHILD #7			

\*IF CHILD IS OVER THE AGE OF 18, PLEASE MARK YES IF FULL TIME STUDENT.  
FOR ADDITIONAL CHILDREN, PLEASE USE SEPARATE SHEET.