



Spangler Insurance Agency
Specializing in Group & Individual Health Insurance

INDIVIDUAL HEALTH INSURANCE QUOTE FORM

Client's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Cell: _____ Best time to call _____

Email: _____

Please list ALL family members who you would like included on the insurance quote.

Interested in dental: (Y/N?) _____

Interested in vision? (Y/N?) _____

				List any major medical conditions within last 5 years		
	Name	M/F	Birthdate or Age	Smoker (Y/N)	Medical Condition & Last Treatment date	Medication/Dosage & date last perscribed
1						
2						
3						
4						
5						
6						

Return this form by fax or email to:

Spangler Insurance Agency

Debbie Holt

Fax: 301-259-9842 or Email: bcbsgal@aol.com

Please call if you have any questions:

Office: 301-259-4211 Cell: 301-542-7198

Although Spangler Insurance Agency specializes in Group & Individual Health insurance, we also maintain Strategic Relationships with several Independent Insurance Agencies who offer Property & Casualty insurance.

If you would like us to assist you in obtaining additional quotes for your Personal Insurance please complete the following:

Renewal Date of:

Auto Insurance Policy: _____

Homeowners Policy: _____

Umbrella Policy: _____