



7000 Houston Road
Building 200 Suite 24
Florence, KY 41042

www.tristatebrokerage.com

859.372.0800 Local
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859.372.0162 Fax

Health Insurance Quote Request Form

Agent Name: _____

Phone: _____ Fax: _____

Email: _____ Send Quote Via: Email or Fax

Prospect Name: _____ Zip Code: _____

Gender: _____ Ht: _____ Wt: _____

D.O.B: _____ Tobacco Use: _____

Occupation: _____

Family Coverage: Yes No

Spouse D.O.B: _____ Ht: _____ Wt: _____ Tobacco Use _____

Occupation: _____

Number of Children: _____

Plan Information: Benefit Rich Copay Plan / High Deductible Copay / H.S.A Plan

Medical Conditions/Medications

Fax Form Back to 859.372.0162