

Sample Health Insurance Lead



For: Tom Agent  
Type: Health  
Quote Needed: ASAP

**Contact Information**

**Name:** Jim Customer **Email:** Customer's Email Address  
**Address:** 123 Sample Lane **Daytime Phone:** (123) 234-0934  
Anywhere, CA 90012 **Evening Phone:** (123) 234-4523  
**Time to Contact:** Morning **Fax:** (123) 690-6574  
**Additional Comments:**

**Coverage Information**

**Currently Insured?:** Yes **Current Company:** Blue Cross / Blue Shield  
**Current Plan:** PPO **Currently Paying for Cobra?:** No  
**Type(s) of Coverage** **Self-Employed?:** No  
**Wanted:** PPO **Desired Deductible:** \$500  
**Desired Copay:** Not sure  
**Optional Coverages:**

**Health Information**

Applicant One

**Gender:** Male **Weight:** 197 lbs.  
**Height:** 6' 1" **Date of Birth:** Aug 12, 1966  
**Occupation:** Cleaning Business Owner

Applicant Two

**Gender:** Female **Weight:** 119 lbs.  
**Height:** 5'5" **Date of Birth:** Apr 22, 1967  
**Occupation:** Stay at Home Mom

All Applicants

**Any Applicant Rated/ Declined last 5 yrs?** No **Hospitalized last 5 years?** No  
**Any Applicant a Smoker?** No **Any Applicant had DUI/DWI last 5 years?** No

**All Applicants**  
**Resident of US/**  
**Canada for 12**  
**Months? Yes**  
**Any Applicant an**  
**Expectant Mother or**  
**Father? No**  
**Any Applicant**  
**Currently Takes**  
**Prescription Meds? No**  
**Major Medical**  
**Conditions for Any**  
**Applicant: None**  
**Other Medical**  
**Conditions: No**  
**Additional**  
**Comments: If possible, call me at work from 2-4pm.**

**Any Applicant in**  
**Need of Maternity**  
**Coverage? No**  
**Medications /**  
**Dosages:**