

# Request for Individual Quote



3000 Lento Blvd.  
Bethel Park, PA 15102  
(412) 835-9100  
(412) 831-8667 fax  
info@armsins.com

AGENT INFORMATION	
DATE	
AGENT NAME	
PHONE NUMBER	
FAX NUMBER	
EMAIL	

APPLICANT INFORMATION					
NAME			PHONE		
M / F			AGE or D.O.B.		
ADDRESS			REQUESTED EFFECTIVE DATE		
CITY		STATE		ZIP	
COUNTY			HEIGHT / WEIGHT		
MEDICATIONS/ CONDITIONS			WORK STATUS: <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Disabled		

DEPENDENT INFORMATION					
NAME			PHONE		
M / F			AGE or D.O.B.		
ADDRESS			REQUESTED EFFECTIVE DATE		
CITY		STATE		ZIP	
COUNTY			HEIGHT / WEIGHT		
MEDICATIONS/ CONDITIONS			WORK STATUS (See Above) RELATIONSHIP		

NAME			PHONE		
M / F			AGE or D.O.B.		
ADDRESS			REQUESTED EFFECTIVE DATE		
CITY		STATE		ZIP	
COUNTY			HEIGHT / WEIGHT		
MEDICATIONS/ CONDITIONS			WORK STATUS (See Above) RELATIONSHIP		

Please check the carriers you would like to quote:				Short Term Medical:	
<input type="checkbox"/>	Aetna	<input type="checkbox"/>	Fortis (Assurant)	<input type="checkbox"/>	Allied
<input type="checkbox"/>	American Medical Security (AMS)	<input type="checkbox"/>	Celtic	<input type="checkbox"/>	Celtic
<input type="checkbox"/>	HealthAmericaOne	<input type="checkbox"/>		<input type="checkbox"/>	Fortis (Assurant)
<input type="checkbox"/>	Highmark (Western PA)	<input type="checkbox"/>		<input type="checkbox"/>	Health Plan Administrators
<input type="checkbox"/>	Highmark (Central PA)	<input type="checkbox"/>		<input type="checkbox"/>	