

# 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	TOBACCO? Y / N IF YES, HOW LONG?	
COUNTY					HEIGHT / WEIGHT	
MEDICATIONS/ CONDITIONS					WORK STATUS:	Employed      Self Employed Homemaker      Retired      Student      Disabled

DEPENDENT INFORMATION						
NAME					PHONE	
M / F					AGE or D.O.B.	
ADDRESS					REQUESTED EFFECTIVE DATE	
CITY		STATE		ZIP	TOBACCO? Y / N IF YES, HOW LONG?	
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	TOBACCO? Y / N IF YES, HOW LONG?	
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"/>	HealthAmericaOne	<input type="checkbox"/>	Celtic	<input type="checkbox"/>	Celtic
<input type="checkbox"/>	Highmark (Western PA)	<input type="checkbox"/>		<input type="checkbox"/>	Fortis (Assurant)
<input type="checkbox"/>	Highmark (Central PA)	<input type="checkbox"/>		<input type="checkbox"/>	Health Plan Administrators
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	