



Health Insurance Quote

For your free quote please fill out this form and either stop by or email it to us at info@kadoinsurance.com

*Name: _____
 *Address: _____
 *City: _____ State & Zip: _____ County: _____
 *Phone: _____ Cell #: _____
 Email _____ Preferred Contact Method: Phone email
 * Birth Date: _____
 Tobacco User: yes no Are you trying to quit? yes no

Spouse Name: _____
 Birth Date: _____
 Tobacco User: yes no Are you trying to quit? yes no

Number of Children: _____

Who is to be covered? applicant only applicant/spouse applicant/dependent family

Do you have a health insurance plan currently in place? yes no
 if so, what is your: Premium _____ Deductible _____ Co-insurance _____
 Co-pays _____ Company _____

Names of dependents	Birth Date						
_____	_____	Tobacco User:	yes	no	Are you trying to quit?	yes	no
_____	_____	Tobacco User:	yes	no	Are you trying to quit?	yes	no
_____	_____	Tobacco User:	yes	no	Are you trying to quit?	yes	no
_____	_____	Tobacco User:	yes	no	Are you trying to quit?	yes	no
_____	_____	Tobacco User:	yes	no	Are you trying to quit?	yes	no

Comments