

# Client Intake Form



## CLIENT INFORMATION

Full Name: \_\_\_\_\_  
(Legal First) (MI) (Last) (Nickname/Preferred)

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(MM/DD/YYYY) Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(Optional, some companies may require)

Marital Status: \_\_\_\_\_  
(Single, Married, Divorced, Widowed, etc.) Spouse/Partner: \_\_\_\_\_  
(Legal First, MI, Last Name)

Mobile Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Yes, it is ok to send me SMS messages. Landline Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_ Preferred Method of Contact:  
(Choose only one) Call Text Email Mail

Physical Address (not a PO box):  
\_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State)  
\_\_\_\_\_  
(Zip) (County) Mailing Address (if different from physical):  
\_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State)  
\_\_\_\_\_  
(Zip) (County)

How did you hear about us? \_\_\_\_\_

Do you use tobacco? Yes No

## PROPERTY & CASUALTY INFORMATION

### HEALTH INSURANCE INFORMATION

Current Coverage: \_\_\_\_\_  
(Individual, Medicaid, Employer, Retirement, COBRA, Medicare, etc.)

Are you a veteran? Yes No  
If "Yes", are you receiving benefits? Yes No

Medicare ID: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(NAEN-AEN-AANN)

Part A: \_\_\_\_ /01/ \_\_\_\_ Part B: \_\_\_\_ /01/ \_\_\_\_

Do you receive extra help? \_\_\_\_\_  
(Low Income Subsidy, BigSky Rx, Medicaid, Prescription Assistance, etc.)

Preferred Pharmacy: \_\_\_\_\_

Current Coverage: \_\_\_\_\_  
(Farmer's, Traveler's, Progressive, etc.)

Motor Vehicle Home Other:  
\_\_\_\_\_

Current Coverage Term Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(MM/DD/YYYY)

Education Level: \_\_\_\_\_  
(HS Diploma, GED, College, etc.)

Interested in:  
Vehicle Home/Condo Umbrella Other

Driver's License #: \_\_\_\_\_

Number of Household Drivers: \_\_\_\_\_

Please attach or send declaration sheets from your current coverage, or other documentation describing what you need a quote for.