



DICKSON INSURANCE, INC.

Lighting the way for you insurance needs.

"Personal Service Is Our Pledge"

DATE _____ REFERRED BY: _____

INFORMATION SHEET FOR SINGLE POLICIES

NAME _____ D.O.B. _____ SEX _____ Ht. _____ Wt. _____ Smoke Y / N

SPOUSE NAME _____ D.O.B. _____ SEX _____ Ht. _____ Wt. _____ Smoke Y / N

ADDRESS _____

PHONE NUMBER _____ COUNTY LIVE IN _____

Dependant _____ D.O.B. _____ HT _____ Wt. _____ Smoke Y / N

Dependant _____ D.O.B. _____ HT _____ Wt. _____ Smoke Y / N

Dependant _____ D.O.B. _____ HT _____ Wt. _____ Smoke Y / N

HEALTH QUESTIONS – ANSWER THE FOLLOWING QUESTIONS FOR ALL WHO ARE APPLYING FOR HEALTH INSURANCE

1. DO YOU NOW HAVE HEALTH INSURANCE – Y—N

IF YES WHO _____ IF NO HOW LONG _____

2. HAS ANY ONE BEEN IN THE HOSPITAL IN THE PAST 10 YEARS? IF SO, WHY ?

3. IS ANYONE ON ANY MEDICATIONS? WHAT AND WHY _____

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