

HOLT & JOHNSON INSURANCE AGENCY
105 Madison Ave.
Fredericksburg, VA 22405
INDIVIDUAL HEALTH INSURANCE QUOTE FORM

Client's Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 Cell: _____ Best time to call _____
 Email: _____

Please list ALL family members who you would like included on the insurance quote.

Interested in dental: (Y/N?) _____

Interested in vision? (Y/N?) _____

				List any major medical conditions within last 5 years		
	Name	M/F	Birthdate or Age	Smoker (Y/N)	Medical Condition & Last Treatment date	Medication/Dosage & date last perscribed
1						
2						
3						
4						
5						
6						

Return this form by fax or email to:

Holt & Johnson Insurance Agency

Becky Paytes

Fax: 540-370-1999 or Email:

beckypaytes@aol.com

Please call if you have any questions:

Office: 540-370-4243