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**PURCHASING ALLIANCE
SOLUTIONS, INC.**
**Chamber-Sponsored Insurance
Programs and Brokerage Services**

If you prefer to complete this
form electronically, please
visit our website

www.purchasingalliance.com

Individual Quote Information Sheet

Today's Date: _____

Medical Y / N? Dental Y / N? Vision Y / N? Requested Effective Date: _____

Client Name: _____	Spouse Name: _____
Date of Birth: _____	Date of Birth: _____
Gender: M / F Tobacco: Y / N	Gender: M / F Tobacco: Y / N
Height: _____ Weight: _____	Height: _____ Weight: _____
City: _____	Zip: _____ County: _____
Phone: _____	Cell: _____
Email: _____	

Dependent(s) Date of Birth, Gender, Height & Weight

1. _____ M/F HT _____ WT _____	2. _____ M/F HT _____ WT _____	3. _____ M/F HT _____ WT _____	4. _____ M/F HT _____ WT _____
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Is any family member to be covered pregnant, adopting, or via surrogacy?

Family Member	Condition / Diagnosis	Onset Date	Last Treated	Full Details	Drug Details (dose/frequency)	Current Status
Client						
Spouse						
Dep 1						
Dep 2						
Dep 3						
Dep 4						

Additional Information: _____