



Phone: 866-386-4136
 Fax: 601-898-4793
 Email: cs@continentalbrokers.biz

QUOTE REQUEST

Company: _____ Contact: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____

Broker: Continental Brokers, Inc. / Collier Simpson

HEALTH INSURANCE (for employees minimum of 30 hrs per week)

| | NAME | SEX | DOB | DOB SPOUSE | # OF CHILDREN | CHILDREN'S AGES |
|----|------|-----|-----|------------|---------------|-----------------|
| 1 | | | | | | |
| 2 | | | | | | |
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| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |

LIFE INSURANCE

| TOBACCO USE Y/N | TERM 10yr/20yr | DEATH BENEFIT AMOUNT |
|-----------------|----------------|----------------------|
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All information is required to receive a Quote. Please take the time to fill out the census completely and fax or email to us at (601) 898-4793 or cs@continentalbrokers.biz. We will not be able to give you the appropriate turnaround time without all of the fields being completed. Thank you for your assistance.

Circle Other Options you would like quoted: Disability Long Term Care Supplemental Coverages