

Your First Step in establishing a program that will provide excellent coverage is to complete the following questionnaire. Your information will be Processed against over 100 different companies and a proposal will be created. Providing as much information as possible will give you the best chance to get excellent rates.

Looking for Health Insurance

Bridenstine and Associates

Fax 612-395-5233

Contact First Name _____ Contact Phone Number _____
Contact Last Name _____ Fax _____
Your Company Name _____ Your Web Page Address _____
Mailing Address 1 _____ Email _____
Mailing Address 2 _____ Evening Phone _____
Mailing City _____ State _____ Zip Code _____ Cell Phone _____
Contact Notes _____

Requested Coverage Effective Date _____

Coverage for Spouse?

Insured

Spouse

Yes No

First Name _____
Last Name _____
Gender _____
Date of Birth _____
Illnesses _____
Injuries _____
Medications _____
Height _____
Weight _____
Tobacco User _____

First Name _____
Last Name _____
Gender _____
Date of Birth _____
Illnesses _____
Injuries _____
Medications _____
Height _____
Weight _____
Tobacco User _____

Coverage for children?

Yes No

of Dependent children to be Covered _____