



Insurance Shops
 246 Bustleton Pike
 Feasterville, PA 19053
 215-613-4999
 Fax 800-901-1699

Home - Auto - Life - Health - Business / Commercial

APPLICANT INFORMATION

Existing Client: Yes No		Who is your agent / Who do you have an appointment with? Agent Name:			
Name:		Date Of Birth:	S/S#	Gender: M F	Existing Coverage: Y N
Address:		Apt/Unit:	City:	State:	Zip:
Home Phone:	Mobile Phone:	E-mail:		Smoker: Y N	

EMPLOYMENT INFORMATION

Current Employer:		Employer Address:			
Phone:	Fax:	Email:			
Occupation:	Hourly Salary (please circle)	Annual Income:			

SPOUSE INFORMATION

Name:		Date Of Birth:	S/S#	Gender: M F	Existing Coverage: Y N
Home Phone:	Mobile Phone:	E-mail:		Smoker: Y N	

SPOUSE EMPLOYMENT INFORMATION

Current Employer:		Employer Address:			
Phone:	Fax:	Email:			
Occupation:	Hourly Salary (please circle)	Annual Income:			

DEPENDANT'S INFORMATION

Dependant 1:	DOB:	S/S#	Gender: M F	Existing Coverage: Y N
Dependant 2:	DOB:	S/S#	Gender: M F	Existing Coverage: Y N
Dependant 3:	DOB:	S/S#	Gender: M F	Existing Coverage: Y N
Dependant 4:	DOB:	S/S#	Gender: M F	Existing Coverage: Y N
Dependant 5:	DOB:	S/S#	Gender: M F	Existing Coverage: Y N

IMMIGRATION STATUS

Primary: US Citizen Green Card	Spouse: US Citizen Green Card	Dependant 1: US Citizen Green Card
Dependant 2: US Citizen Green Card	Dependant 3: US Citizen Green Card	Dependant 4: US Citizen Green Card
Dependant 5: US Citizen Green Card	Notes:	

AKNOWLEDGEMENT

I certify that I have received a copy of the Privacy Policy and that I have entered all information in the Health Insurance Marketplace truthfully and accurately. I attest that I have created a dedicated email address to use for all correspondence to and from the Health Insurance Marketplace and/or Insurance Shops or its affiliates. The information supplied on this application and any signed addendum is accurate and complete to the best of my knowledge. NO material information has been written or omitted on any person applying. I understand that if my signature and date do not appear and/or my answers are incomplete, that application will be either rejected or returned for completion.

Applicant Signature:	Date:
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FOR OFFICE USE ONLY

Plan Name:	Premium Amount:	Effective Date:
E-mail:	User Name:	Password:

Please bring the following documents with you to your appointment: 1. Income documents such as a recent paystub, your most recent W2 forms or tax returns. 2. Proof of citizenship or immigration status such as US Passport or a Green Card.

Would you also like a quote for? LIFE _____ AUTO _____ HOME _____ BUSINESS _____ DISABILITY _____