



YOUR HEALTH  
INSURANCE  
SPECIALISTS

### REQUEST FOR INDIVIDUAL QUOTE

Fill out digital form and email to [info@magooninsurance.com](mailto:info@magooninsurance.com)  
or fill out hardcopy and mail to: Magoon & Associates, Inc.  
1419 South Utica  
Tulsa, Oklahoma 74104

Name \_\_\_\_\_  
Zip Code \_\_\_\_\_ County \_\_\_\_\_ Email \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

#### APPLICANT

Age \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_  Non-Smoker  Smoker Occupation \_\_\_\_\_

#### DEPENDENTS

Age \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_  Non-Smoker  Smoker Occupation \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_  Non-Smoker  Smoker

Age \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_  Non-Smoker  Smoker

Age \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_  Non-Smoker  Smoker

Age \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_  Non-Smoker  Smoker

Do You Have Coverage Currently? (Group or Individual, Etc)

\_\_\_\_\_  
\_\_\_\_\_

Type of Coverage Desired: (PPO, Deductible, Rx Card, Copay, Dental, Etc.)

\_\_\_\_\_  
\_\_\_\_\_

Are There Any Medical Conditions On Applicant Or Any Dependents?  Yes  No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is Anyone Taking Prescription Drugs?  Yes  No

If yes, who & for what condition(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments \_\_\_\_\_  
\_\_\_\_\_