



COMMERCIAL SPECIALISTS INSURANCE SERVICES

LIC # 0D80851

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INDIVIDUAL HEALTH INSURANCE INFORMATION

How did you hear about us?

☐ BIA ☐ Chamber of Commerce ☐ Current Client ☐ Email
☐ Google ☐ Mailer ☐ Yahoo ☐ Yellow pages

☐ Referral: _____ ☐ Website: _____

Named insured _____

Contact's name _____ Requested Effective Date: _____

Phone #: _____ Cell # _____ Fax # _____

Email: _____ Preferred method of contact: ☐ Phone ☐ Fax ☐ Email ☐ Mail

Mailing address: _____

Physical/Premise address _____

Desired Co-payment: _____ What is your monthly budget range? _____

Current Carrier/Plan Type: _____

Do you prefer a specific carrier? _____

Are you interested in any additional coverages: ☐ Dental ☐ Vision ☐ Life ☐ Maternity

Are you interested in quotes from: ☐ PPO ☐ HMO ☐ Both

What is the objective to shopping? Upgrade/downgrade benefits? Save money? _____

What are your likes/dislikes about your current plan? _____

What specific benefits are important to you? _____

Census Information:

Full Name	Male or Female?	Date of Birth?	Zip Code	Married?	How many children?	Are dependents to be covered?

THIS IS NOT AN APPLICATION, IT IS ONLY A PRELIMINARY INFO SHEET FOR A QUOTE.
ADDITIONAL INFORMATION MAY BE REQUIRED.