

LEE, Inc. Quote Request

NAME(S): \_\_\_\_\_

Date: \_\_\_\_\_

L.E.E., Inc.  
 1229 N. Elmwood Ave.  
 Oak Park, IL 60302  
 Ph (708)383-9209  
 F (708)383-4909  
 insureme@leeinc.net  
 www.leeinc.net  
 Agent: Edna R. Lee



*Please provide the following information for all parties interested in an insurance quote.*

|     |  | Insured      | Spouse | Dependents              |
|-----|--|--------------|--------|-------------------------|
| 1   | Have you had any major surgeries or hospitalizations in the past 10 years? | _____        | _____  | _____                   |
| 1a. | If you answered "yes" above, please explain:                               | _____        |        |                         |
| 2   | Do you smoke?  | _____        | _____  | _____                   |
| 3   | Date of birth:   | _____        | _____  | _____<br>_____<br>_____ |
| 4   | Address:   | _____        |        |                         |
| 5   | Daytime phone # where we can contact you:                                  | _____ Home   |        |                         |
|     |  | _____ Work   |        |                         |
|     |  | _____ Cell   |        |                         |
| 6   | Fax #:   | _____        |        |                         |
| 7   | Email address:   | _____        |        |                         |
| 8   | What type(s) of insurance?   | Health _____ |        |                         |
|     |  | Dental _____ |        |                         |
|     |  | Life _____   |        |                         |
| 9   | Current carrier:   | _____        |        |                         |
| 10  | Current deductible:  | _____        |        |                         |

LEE, Inc. Quote Request

***The following information will help us to better understand your preferences so we can better serve you:***

11 Preferences (if any):

Type of plans (eg, PPO, HMO, MSA, Fee-for-Service) I PREFER:

Type of plans (eg, PPO, HMO, MSA, Fee-for-Service) to AVOID:

Deductible amount (\$0 - \$2500; MSA single \$1650-\$2500; MSA family \$3300-\$4950)

Coinsurance (80/20, 50/50)

***Thank you for taking the time to complete the above information!***

***Please allow us 2 business days to review your information and respond accordingly.***