

STATE FL COUNTY Broward
TRACKING # 468 TeleMgr Mike

Contact Name Susan Browar

Business Broward Carpet Sales

Address 422 E. Commercial St. Ft. Lauderdale 33310

Phone (954) 201-6633

Ages: Husband 43 Wife 41 # of Children 2

*Current health insurance? YES Carrier BCBS
NO Time Without _____

*Approximate Premium \$ 700 + Budget \$ _____

*Current Plan: INDIVIDUAL OR GROUP-# employees _____

*Have you or anyone to be covered been hospitalized in the past 5 years? NO YES condition Accident - broken leg

*Currently on prescription medication? NO YES
Medication(s) _____

*Is anyone currently pregnant? NO YES *Smoker? NO YES

EMAIL: Susan 422 @ yahoo. com

Additional Comments

wants to speak to agent ASAP - just rec'd BCBS renewal

SUPPLEMENTAL INTEREST? YES NO

LIFE DENTAL ACCIDENT CRITICAL ILLNESS

Best time to contact:
Early Afternoon
1-3:00

Representative Cindy
Date 8.8.11 Time 10:45
a.m.

Contact Name NAICHELLE HARBOUGH Spouse Name _____

Business 27/7 ENVIRO SOLUTION

Address 9312 E. US Hwy 24

City, State, Zip INDEPENDENCE MO 64108

County JACKSON Phone # 816-252-3777

Current Insurance SEE NOTES Cost SEE NOTES

Deductible SEE NOTES Is it an Individual Plan? Yes No

Age 52 Spouse Age _____ #/Age Dependents AGES: 31, 33

Have you or anyone to be covered ever had heart problems or a stroke, cancer in the last 10yrs, currently have diabetes, or pregnant?
Yes No _____

Prescriptions? Yes No - Name _____ Reason _____
Name _____ Reason _____

Tobacco? Yes No - What type? _____

Best Time to Call BUS. HRS.

Special Notes SHE'S IN A SITUATION NOW WHERE HER CURRENT PLAN (WHICH I THK IS A GRP PLAN) ISN'T GOING TO TAKE EFFECT UNTIL MAY '14. IT WAS SUPP. TO TAKE EFFECT LAST OCT. SO SHE IS ENTR AT LOOKING AT 3 INDIV QUOTES FOR HER + HER 2 CHILDREN. SHE'S PRETTY UNHAPPY W/ THE CURRENT PLAN SHE HAS.

If anyone to be covered is 63+, How many months until next B-day? _____

Would you like information on available low cost life insurance plans? Yes No

Email Address _____

Telemarketer HADLEY SUMMERS Date/Time 11-30-12 1025A

Quality Control Manager _____ Date/Time _____