

Agent information  
 Lamar Blount  
 American Benefit Advisors  
 (770) 645-5989



**PURCHASING ALLIANCE SOLUTIONS, INC.**<sup>SM</sup>  
 Chamber-Sponsored Insurance Programs

**Individual Quote Information Sheet**  
 Today's Date: \_\_\_\_\_  
 Requested Effective Date: \_\_\_\_\_

Please print and return completed form to  
 Toll Free Fax: 1-866-782-8254  
 or Email to:  
 LBaynes@purchasingalliance.com  
 QUESTIONS?  
 Call Lisa Baynes at 1-800-782-8254

Client Name: _____	Spouse Name: _____
Date of Birth: _____	Date of Birth: _____
Gender: M / F      Tobacco: Y / N	Gender: M / F      Tobacco: Y / N
Height: _____      Weight: _____	Height: _____      Weight: _____

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Dependent(s) Date of Birth, Gender, Height & Weight**

1. _____ M/F	2. _____ M/F	3. _____ M/F	4. _____ M/F
HT      WT	HT      WT	HT      WT	HT      WT

Family Member	Condition / Diagnosis	Onset Date	Last Treated	Full Details	Drug Details (dose/frequency)	Current Status
Client						
Spouse						
Dep 1						
Dep 2						
Dep 3						
Dep 4						

**Additional Information:** \_\_\_\_\_  
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