

Fortman Insurance Services



Managing Risks. Protecting Assets.

HOURS: MONDAY-FRIDAY 8:00 a.m. - 5:00 p.m.
EVENINGS & WEEKENDS BY APPT.

OTTAWA

Tel: 419-523-4500
Fax: 419-523-0045

614 N. Perry, St. Rt. 65
P.O. Box 364
Ottawa, OH 45875

BLUFFTON

Tel: 419-358-4600
Fax: 419-358-0046

115 N. Main St.
Bluffton, OH 45817

Thank you for visiting Fortmanins.com, we appreciate thinking of us for your insurance needs. Our Licensed agents are ready to give you a professional customized quote on your Autos, Home, Farm, Commercial, Health or Employee Benefits Package. The following questionnaires are designed to gather all of the information needed to provide the most accurate rates. Once completed, this information can be sent to our office by e-mail, mail, fax or feel free to drop it off at one of our two locations.

Once we receive the information, we set a standard of providing you with the quotes within 24 – 48 hours. Thank you for considering Fortman Insurance Services.

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www.fortmanins.com

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 P.O. Box 364
 Ottawa, OH 45875
 Tel: 419-523-4500
 800-686-4500
 Fax: 419-523-0045

BLUFFTON

115 N. Main St.
 Bluffton, OH 45817
 Tel: 419-358-4600
 Fax: 419-358-0046

For a Free, No Obligation HEALTH Insurance Quote

Please complete this form with your current policy information. Once completed, please return it by fax, scan/email or drop it off in person at our Ottawa or Bluffton office. Or, if you prefer, please call us at 419-523-4500 or 419-358-4600 and we will be happy to collect the necessary information over the phone.

Date: _____

Name: _____ Email: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Circle Best Time to Call: Morning Afternoon Evening Weekend

Family Members to Be Insured						
Name	Date of Birth	Sex	Height	Weight	Smoker	

In order to get an accurate quote, we include current and recent medical conditions from the past 10 years so there is not an unexpected rate jump when the application goes through underwriting. We honor your privacy and this information is used for quoting purposes only.

Medications / Conditions		
Name	Condition	Medication / Treatment

Do you want full maternity coverage? Yes No

Do you currently have health insurance? Yes No

If yes, who is your carrier? _____

What monthly premium do you pay? _____

What is your deductible? _____

Do you have a copay? _____

If no, when did your coverage end? _____

Are you self-employed? Yes No

Fortman Insurance Services will use the above information to quote you with all of the companies we represent. We will contact you directly with the resulting quotes for you to consider. You can then make the best decision for your situation. We thank you for this opportunity to work together!

Fortman Insurance has six health insurance agents to serve you. Please feel free to contact any member of the Fortman Health Insurance Team!

Jonathan Fortman – jfortman@fortmanins.com

Branden Fortman – bfortman@fortmanins.com

Catherine Fortman - cfortman@fortmanins.com

Laurie Basinger – lbasinger@fortmanins.com

Kathy Green – kgreen@fortmanins.com

Sam Brauen - sbrauen@fortmanins.com