

STRATEGIC INSURANCE SERVICES

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INFORMATION NEEDED FOR QUOTING (Individual and Family plan, CoveredCA)_To apply we will need more personal information

PRIMARY APPLICANT INFORMATION

1. Name of Primary

Last _____ **First** _____ **Middle Initial** _____

Birth date: MM/DD/YYYY _____ Gender (M/F) _____ SSN (only needed when apply) _____

Home Address: # Street Address _____ City _____ State _____

Most Recent Filed Household annual Income) \$ _____ Contact Phone # : _____

Email Address: _____

Number of members in the household: _____

DEPENDENTS INFORMATION

2. Name _____ **Last** _____ **First** _____ **Middle Initial** _____

Relationship to Primary applicant: (Spouse/Domestic Partner) _____ Gender (M/F) _____ Date of Birth (DD/MM/YYYY) _____ SSN (only needed when apply) _____

3. Name _____ **Last** _____ **First** _____ **Middle Initial** _____

Relationship to Primary applicant: Dependent child _____ Gender (M/F) _____ Date of Birth (DD/MM/YYYY) _____ SSN (only needed when apply) _____

4. Name _____ **Last** _____ **First** _____ **Middle Initial** _____

Relationship to Primary applicant: Dependent child _____ Gender (M/F) _____ Date of Birth (DD/MM/YYYY) _____ SSN (only needed when apply) _____

5. Name _____ **Last** _____ **First** _____ **Middle Initial** _____

Relationship to Primary applicant: Dependent child _____ Gender (M/F) _____ Date of Birth (DD/MM/YYYY) _____ SSN (only needed when apply) _____

6. Name _____ **Last** _____ **First** _____ **Middle Initial** _____

Relationship to Primary applicant: Dependent child _____ Gender (M/F) _____ Date of Birth (DD/MM/YYYY) _____ SSN (only needed when apply) _____