

# 1st USA REALTY RESOURCE CENTER

**PLEASE CHOOSE THE PROGRAMS YOU ARE INTERESTED IN!**

HEALTH/DENTAL INSURANCE	_____	DISABILITY COVERAGE	_____
LIFE INSURANCE REVIEW	_____	LONG TERM CARE	_____
MEDICAL DISCOUNTS	_____	HOME & AUTO INSURANCE	_____
COLLEGE FUNDING PLANS	_____	SUPPLEMENTAL RETIREMENT	_____
ESTATE CONSERVATION	_____	SHORT TERM INVESTMENTS	_____
INCOME REPLACEMENT	_____	MORTGAGE PROTECTION	_____
DEBT CONSOLIDATION	_____	HOME EQUITY LOAN	_____

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### *Required Health Quote Information*

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Weight: \_\_\_\_\_  
Tobacco: Y / N Height: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Spouse: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Weight: \_\_\_\_\_  
Tobacco: Y / N Height: \_\_\_\_\_

Children: \_\_\_\_\_ Male / Female Birth Date: \_\_\_\_\_  
\_\_\_\_\_ Male / Female Birth Date: \_\_\_\_\_  
\_\_\_\_\_ Male / Female Birth Date: \_\_\_\_\_  
\_\_\_\_\_ Male / Female Birth Date: \_\_\_\_\_

Any Family Pre-Existing Conditions (explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### *Contact Information*

Home Telephone Number: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

U.S. Citizen (Y or N): \_\_\_\_\_ E-mail: \_\_\_\_\_

Other: \_\_\_\_\_

Best Time to Call: A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

1-480-222-3025 Fax:1-480-632-5909