

Steve Shorr Insurance

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Underwriting Prescreening Form

This form will save you time and effort, rather than completing the [full application](#).

Complete all details identified below:

**Required fields will contain an asterisk.*

Requested Effective Date: _____

Applicant Zip Code*: _____

APPLICANT DEMOGRAPHIC INFORMATION

Family Member	Initials*	Gender*	Age*	Height* Ft./In/	Weight* Lbs.	Smoker*
Primary Applicant*	_____	___M___F	___	___/___	___	___Yes___No
Spouse	_____	___M___F	___	___/___	___	___Yes___No
Dependent #1	_____	___M___F	___	___/___	___	___Yes___No
Dependent #2	_____	___M___F	___	___/___	___	___Yes___No
Dependent #3	_____	___M___F	___	___/___	___	___Yes___No
Dependent #4	_____	___M___F	___	___/___	___	___Yes___No
Dependent #5	_____	___M___F	___	___/___	___	___Yes___No

MEDICAL INFORMATION

Family Member	Diagnosis/Condition	Medication & Dosage	Details
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The response is provided for informational purpose only and is not intended as underwriting. This response is not binding on Steve Shorr Insurance or ANY Insurance Company and is based only on the information received by you. Confirmation or affirmation of the information received through the official underwriting process is necessary for access to our individual plans. Upon receipt and review of the application, the underwriting decision may differ from this response.

ADDITIONAL COMMENTS:

Did or do you have Employer Group Insurance, within the past 63 days?*

How long have you been on COBRA and/or Cal COBRA?

What Insurance Companies do you want us to submit this form too?