



REQUEST A QUOTE

- | | | |
|---|--|--|
| <input type="checkbox"/> Health | <input type="checkbox"/> Cancer or ICU | <input type="checkbox"/> Auto & Homeowners |
| <input type="checkbox"/> Long-Term Care | <input type="checkbox"/> Worker's Comp | <input type="checkbox"/> Agribusiness |
| <input type="checkbox"/> Life | <input type="checkbox"/> Farm and Crop | <input type="checkbox"/> Supplemental |
- Acres: _____

Name: _____ County: _____

Address: _____

City: _____ St: _____ Zip: _____

Email: _____ Phone: _____

DOB: _____ Height: _____ Weight: _____

Spouse: _____

DOB: _____ Height: _____ Weight: _____

Child 1 M F

DOB: _____ Height: _____ Weight: _____

Child 2 M F

DOB: _____ Height: _____ Weight: _____

Tobacco? Y N

Who: _____

Prescriptions: Y N

Who: _____

Name _____

Dosage _____

For _____

Current Ins. Y N

Deductible: _____

Premium: _____

Notes: _____

How did you hear about Ohio Farmers Union insurance products? (Check One)

Friend/Family Member

Advertisement in newspaper, magazine, etc.

Internet/Web site

_____ name of publication

Please Fax Completed Request Form to 888-701-3839
Attention: Dave or e-mail to dshindollar@ohfarmersunion.org or call 800-321-3671