

OCG & Associates, Inc.
Oscar M. Cartagena
8750 NW 36St, Suite 650, Doral, FL 33178
Ph: 305-447-9577 / Fax: 305-447-9578
www.ocginsurance.com

Individual Health/Dental Insurance Quote Request

GENERAL INFORMATION

Prospect Insured Name: _____

Date of Birth: _____ Sex: Male Female

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Type of coverage: Individual Family

Prior Coverage: Yes No

If Yes, please indicate carrier name & policy effective date:

Effective date requested: _____

*** Please fax completed form to (305) 447-9578.**

COMPLETION OF THIS FORM DOES NOT OBLIGATE OCG & ASSOCIATES, INC TO OFFER A PREMIUM INDICATION OR BIND COVERAGE.
ULTIMATE PREMIUM, COVERAGE TERMS AND CONDITIONS MAY ONLY BE DETERMINED AFTER REVIEW OF A FULLY COMPLETED
APPLICATION.