

Disability Insurance Lead Sample



For: **Agent's Name**

Lead ID: **80463**

Insurance Type: **Disability**

Date: **07/28/2002**

Contact Information

Need Quote: **ASAP**

Best Day: **Anyday**

Best Time: **Anytime**

Name: **John Doe**

Day Phone: **(850) 256-1276 x 23**

Address: **4536 Alaska Ave**

Evening Phone: **(850) 722-0310**

City: **Kalskag**

Cell Phone: **(878) 310-2386**

County: **Bethel**

Fax: **(850) 722-0310**

State: **AK**

Email: **johndoe@email.com**

Zip Code: **99607**

Alternate Email: **johndoe@altemail.com**

Currently Insured: **No**

Current Insurance Co:

Personal Information

Name: **John Doe**

Height: **6 feet, 2 inches**

DOB: **3/5/1961**

Age: **43**

Weight: **200 pounds**

Gender: **Male**

Marital: **Married**

Education: **Associate Degree**

Occupation: **Business Owner**

Income: **\$40,001 - \$45,000**

Disabled: **No**

Pregnant: **No**

Tobacco: **No**

Medical: **Prescription medications.**

Comments: **Medication for high blood pressure (controlled within acceptable limits)**

Diagnoses: **High blood pressure.**

Comments: Please, contact me ASAP!