

MOUNTAIN WEST INSURANCE
2971 N. MAIN DURANGO, CO 81301
970-259-8082
Fax 970-259-8086
E-mail Sandra@durangoinsured.com

DATE _____ **E-MAIL ADDRESS** _____

ADDRESS _____
CITY _____ **STATE** _____ **COUNTY** _____ **ZIP** _____

PHONE _____

NAME _____
SPOUSE NAME _____

YOUR DATE OF BIRTH _____ **SMOKER** Y / N
SPOUSE DATE OF BIRTH _____ **SMOKER** Y / N

YOUR OCCUPATION _____
SPOUSE OCCUPATION _____

CHILDREN _____

DEDUCTIBLE: \$500 \$1,000 \$1,500 \$2,000 \$3,000 \$5,000 or more

PLAN TYPE: PPO INDEMNITY HSA

OPTIONS (check one or more)
MATERNITY ACCIDENT BENEFIT DENTAL

ARE YOU SELF EMPLOYED? _____

MEDICAL PROBLEMS OR HISTORY

DO YOU HAVE COVERAGE NOW? _____
NAME OF INSURER _____ **PLAN TYPE** _____