



LEUGERS

Insurance Agency, Inc.

Reliable. Knowledgeable. Professional.

TELL US ABOUT YOU

Named Insured #1 _____
 Cell Number _____
 Email _____
 Occupation _____
 Employer & City _____
 Education Level _____

Named Insured #2 _____
 Cell Number _____
 Email _____
 Occupation _____
 Employer & City _____
 Education Level _____

LIST ALL CHILDREN IN THE HOUSEHOLD

Child	Date of Birth	Sex
		Male / Female
		Male / Female
		Male / Female
		Male / Female
		Male / Female

EMERGENCY CONTACT

Name _____ Relationship _____
 Phone _____ Email _____
 Address _____

WOULD YOU LIKE TO BE CONTACTED REGARDING ANY OF THESE COVERAGES?

- | | |
|--|---|
| <input type="radio"/> Life Insurance Needs | <input type="radio"/> College Funding |
| <input type="radio"/> Funding Qualified Retirement Plans | <input type="radio"/> Estate Conservation |
| <input type="radio"/> Fixed or Variable Annuities | <input type="radio"/> Disability Income Insurance |
| <input type="radio"/> Health Insurance | <input type="radio"/> Long-term Care Insurance |
| <input type="radio"/> Medicare Supplemental Plans | <input type="radio"/> Business / Commercial Insurance |

DID YOU KNOW?

Leugers Insurance has a mobile app. You can pay your bill, submit a change or claim and more. Download the free app today from Google Play or iTunes! Follow us on Facebook or visit www.leugersins.com for more information!



Android



iPhone

ADDITIONAL COMMENTS, CONCERNS OR SUGGESTIONS

Signature _____

Date _____

Thank you for taking the time to complete this important form.
 Please return your completed survey by mail, fax, or email at leugers@leugersins.com.