



The Ark Individual Insurance Brokerage, Inc.
4200 Rockside Road, Suite 104
Cleveland, Ohio 44131
Call Toll-Free 888-921-2108

FAX: 216-292-2114

Please send me more information about health insurance.

Your Name _____
Your Address _____
City _____
State _____ Zip _____
E-mail _____
Day Phone _____
Evening Phone _____
Your Date of Birth _____
Height _____ Weight _____
Tobacco Use? Yes [] No []
Spouse's Date of Birth _____
Height _____ Weight _____
Tobacco Use? Yes [] No []
Number of Dependents (if applicable) _____
Ages of Males _____
Ages of Females _____
Do you have health insurance? Yes [] No []
Is anyone you wish to cover currently taking any prescription drugs? Yes [] No []
If yes, indicate the medication, reason for taking, dosage per day, and who is taking the drug. _____

Has anyone you wish to cover been treated for, diagnosed as having or thought they should seek medical advice for any medical condition? (List name, condition, and dates of treatment.) _____

Instructions: Print and fill out this form, and fax it to 216-292-2114

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