

Name of Company: _____

Linda Mackey Insurance

The Agency With Vision

Address: _____

FAX TO: 678.870.9984

Phone Number: _____

Contact Person: _____

	NAME	SEX	AGE	**SPOUSE NAME	AGE	** # OF CHILDREN	***MONTHLY SALARY	ZIP CODE
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

**List only dependents you want quoted

***Salary only necessary for disability quote

Please Quote (check below)

Health _____
Dental _____
Disability _____
401K _____
Vision _____
Life _____
24 Hour coverage _____

Previous Coverage _____ yes _____ no

**150 Howell Road, Suite F Tyrone, GA 30290
Phone 678.870.9983 | Fax 678.870.9984**