

## **Individual Health Insurance**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Contact Information:

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Best time of day to contact you by phone: \_\_\_\_\_

Check type of individual insurance you are interested in.:

Health: \_\_\_\_\_

Vision: \_\_\_\_\_

Dental: \_\_\_\_\_

Income Protection: \_\_\_\_\_

Contact: Jill Welsh  
Cailor Fleming Insurance  
Phone Number: 330-782-8068  
Fax: 330-782-0874  
E-mail: [jwelsh@cailorfleming.com](mailto:jwelsh@cailorfleming.com)