

**OCG & Associates, Inc.**  
Oscar M. Cartagena  
7480 Bird Road, STE 610 – Miami – FL 33155  
Ph: 305-447-9577 / Fax: 305-447-9578  
www.ocginsurance.com

**Individual Health/Dental Insurance Quote Request**

**GENERAL INFORMATION**

Prospect Insured Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Type of coverage:  Individual  Family

Prior Coverage:  Yes  No

*If Yes, please indicate carrier name & policy effective date:*

\_\_\_\_\_

Effective date requested: \_\_\_\_\_

**\* Please fax completed form to (305) 447-9578.**

COMPLETION OF THIS FORM DOES NOT OBLIGATE OCG & ASSOCIATES, INC TO OFFER A PREMIUM INDICATION OR BIND COVERAGE.  
ULTIMATE PREMIUM, COVERAGE TERMS AND CONDITIONS MAY ONLY BE DETERMINED AFTER REVIEW OF A FULLY COMPLETED  
APPLICATION.