

**Advantage Insurance Inc.**

**254 Brant Ave, Suite #1**

**Brantford, ON N3T 3J5**

**Phone: 1-866-539-0980**

**Local: 1-519-752-0911**

**Fax: 1-519-752-0948**

**celina@advantageinsurance.ca**

**www.YourAdvantageInsurance.com**

Contact Name: First, Last

Company: Legal Company Name.

# of employees: #.

Address: Street No & Name

City:city of residence Prov: Choose an item.

Phone:area code + no. Fax: area code + no.

Email: enter email.

**Please contact me with information on:**

Life Insurance

Critical Illness

Disability Insurance

Email this form to: celina@advantageinsurance.ca **or** Fax to: 1-519-752-0948

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|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **#** | **Name** | **Occupation** | Birthdate | Male / Female | Smoker or non-Smoker | Gross monthly income |
| 1 | Last, first |  | yyyy/mm/dd |  |  |  |
| 2 | Last, first |  | yyyy/mm/dd |  |  |  |
| 3 | Last, first |  | yyyy/mm/dd |  |  |  |
| 4 | Last, first |  | yyyy/mm/dd |  |  |  |
| 5 | Last, first |  | yyyy/mm/dd |  |  |  |
| 6 | Last, first |  | yyyy/mm/dd |  |  |  |
| 7 | Last, first |  | yyyy/mm/dd |  |  |  |
| 8 | Last, first |  | yyyy/mm/dd |  |  |  |