



MAILING ADDRESS:  
2058 N Mills Ave #522  
Claremont, CA 91711

PHONE: 800-628-2882  
FAX: 909-266-0359

EMAIL: [office@h2ins.com](mailto:office@h2ins.com)

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ID LICENSE #600881

### Supplemental Insurance Fact Finder

Date: \_\_\_\_\_

Producer: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Name: \_\_\_\_\_  
(First, M, Last)

D.O.B: \_\_\_\_\_

Sex:            M        F

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

EE#: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

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

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

Marital Status:    Single            Married            Widowed            Divorced

Gross Pay/Per Period: \_\_\_\_\_

Weekly Hours: \_\_\_\_\_