



Where to add the customer's Middle name or initial

When building a Quote, the initial screen will display fields for the Last and First name. Once you complete this screen, "Select" the Quote.

* Zip Code	County	Primary Applicant Email Address	Requested Effective Date
76180	Tarrant, TX	<input type="text"/>	Short Term 05/01/2023

It is imperative the email address entered is owned and controlled by the Applicant, or Parent/Legal Guardian.

Last Name	First Name	Gender	Date of Birth	Age	Quote Type	Tobacco/ Nicotine Use?	
Testing	Tester	M	06/06/1972	or 50	Supp & Short Term	<input type="checkbox"/>	Clear
Child Only Quote? <input type="checkbox"/>							
<input type="text"/>	Spouse	<input type="text"/>	<input type="text"/>	or <input type="text"/>	Supp & Short Term	<input type="checkbox"/>	Clear
<input type="text"/>	Child 1	<input type="text"/>	<input type="text"/>	or <input type="text"/>	Supp & Short Term	<input type="checkbox"/>	Clear
<input type="text"/>	Child 2	<input type="text"/>	<input type="text"/>	or <input type="text"/>	Supp & Short Term	<input type="checkbox"/>	Clear

Add Child

The next screen will display the field where the Middle name or initial can be entered.

Start / Applicant Information / Proposal / **Family Demographics**

Applicant Information Proposal Family Demographics Start Apply

Summary

1. FAMILY

2. SUMMARY

Family > Customer

First Name *	Middle	Last Name *	Suffix	Gender
Tex	W	Testing		M

Date of Birth	Age	Social Security Number
07/01/1972	50	

Address Line 1 *	City *	State
		TX

Address Line 2	Zip	Zip - 4
Apartment, suite, unit, floor, etc.	76180	

It is imperative the email address and mobile number entered is owned and controlled by the Applicant, or Parent/Legal Guardian. The mobile number entered **MUST** also be able to receive texts.

Email Address *	Confirm Email Address *
<input type="text"/>	<input type="text"/>

Mobile Phone	Home Phone
<input type="text"/>	<input type="text"/>

Tobacco Use?

Yes No

Save & Continue