WEB DEVELOPMENT

QUIZ-1

Name: nauman hanif

Id: f2021266087

Section: v1

Q) Apply your knowledge of HTML and CSS to generate the following HTML form to gather user data for an insurance company.

A) HTML CODE:

```html
Quiz-1 > <> index.html > ☷ html > ☷ head > ☷ link
1   <!DOCTYPE html>
2   <html lang="en">
3   <head>
4       <meta charset="UTF-8">
5       <meta name="viewport" content="width=device-width, initial-scale=1.0">
6       <title>Health Insurance Information Form</title>
7       <link rel="stylesheet" href="style.css">
8   </head>
9   <body>
10      <div class="form-container">
11          <h2>Health Insurance Information Form</h2>
12          <form>
13              <div class="form-group">
14                  <input type="text" name="name" placeholder="Your Name" required>
15                  <input type="number" name="age" placeholder="Age" required>
16              </div>
17              <div class="form-group">
18                  <input type="email" name="email" placeholder="Email" required>
19                  <input type="tel" name="phone" placeholder="Phone" required>
20              </div>
21              <div class="form-group">
22                  <textarea name="address" rows="3" placeholder="Street Address" required></textarea>
23              </div>
24              <div class="form-group">
25                  <input type="text" name="city" placeholder="City" required>
26                  <input type="text" name="state" placeholder="State" required>
27              </div>
28              <div class="form-group">
29                  <input type="text" name="zip" placeholder="Zip Code" required>
30                  <input type="text" name="country" placeholder="Country" required>
31              </div>
32              <div class="form-group">
33                  <input type="text" name="spouse_name" placeholder="Spouse's Name">
34                  <input type="number" name="spouse_age" placeholder="Spouse Age">
35              </div>
36              <div class="form-group">
37                  <input type="text" name="children_name" placeholder="Children (under age 26) Name">
```

```html
                                    <input type="number" name="children_age" placeholder="Children Age">
                                </div>
                                <div class="form-group radio-group full-width">
                                    <label>Does your employer offer health insurance?</label>
                                    <label>
                                        <input type="radio" name="employer_health_insurance" value="yes" required>
                                        <span>Yes</span>
                                    </label>
                                    <label>
                                        <input type="radio" name="employer_health_insurance" value="no" required>
                                        <span>No</span>
                                    </label>
                                </div>
                                <div class="form-group radio-group full-width">
                                    <label>Do you receive Medicare?</label>
                                    <label>
                                        <input type="radio" name="medicare" value="yes" required>
                                        <span>Yes</span>
                                    </label>
                                    <label>
                                        <input type="radio" name="medicare" value="no" required>
                                        <span>No</span>
                                    </label>
                                </div>
                                <div class="form-group">
                                    <textarea name="message" rows="3" placeholder="Any Message"></textarea>
                                </div>
                                <div class="form-group submit-btn">
                                    <button type="submit">SEND</button>
                                </div>
                            </form>
                        </div>
```

CSS CODE:

```css
body {
    font-family: Arial, sans-serif;
    background-color: #f4f4f4;
    margin: 0;
    padding: 0;
    display: flex;
    justify-content: center;
    align-items: center;
    height: 100vh;
}

.form-container {
    background-color: #fff;
    padding: 20px;
    border-radius: 8px;
    box-shadow: 0 0 10px rgba(0, 0, 0, 0.1);
    max-width: 600px;
    width: 100%;
}

.form-container h2 {
    text-align: center;
    margin-bottom: 20px;
}

.form-group {
    display: flex;
    flex-wrap: wrap;
    gap: 10px;
    margin-bottom: 15px;
}

.form-group label {
    flex: 1 1 100%;
    font-weight: bold;
}

.form-group input,
.form-group textarea {
    flex: 1 1 48%;
    padding: 10px;
    border: 1px solid #ccc;
    border-radius: 4px;
}

.form-group input[type="radio"] {
    flex: 0 0 auto;
    margin-right: 5px;
}

.form-group .radio-group {
    display: flex;
    align-items: center;
}

.form-group .radio-group label {
    flex: 1;
    display: flex;
    align-items: center;
}

.form-group .radio-group label span {
    margin-left: 5px;
}

.form-group textarea {
    flex: 1 1 100%;
    resize: vertical;
}

.form-group .full-width {
```

```css
.form-group .full-width {
    flex: 1 1 100%;
}

.form-group .half-width {
    flex: 1 1 48%;
}

.submit-btn {
    display: flex;
    justify-content: center;
}

.submit-btn button {
    background-color: #28a745;
    color: #fff;
    padding: 10px 20px;
    border: none;
    border-radius: 4px;
    cursor: pointer;
    font-size: 16px;
}

.submit-btn button:hover {
    background-color: #218838;
}
```