COMPANY NAME: _____

CITY: _____ CA, ZIP:_____

1. NATURE OF BUSINESS: _____

2. MORE THAN ONE LOCATION: ☐ YES ☐ NO

IF YES, WHERE:_____

3. # OF FULLTIME EMPLOYEES (30 + Hrs / wk): _____

4. ARE ANY EMPLOYEES PAID BY COMISSION (AND / OR) PAID AS INDEPENDANT CONTACTORS (FORM 1099)? ☐ YES ☐ NO

5. ANY COBRA PARTICIPANTS PREVIOUSLY EMPLOYED BY YOU: ☐ YES ☐ NO

6. % OF COST TO BE PAID BY EMPLOYER

_____ % OF EMPLOYEE COSTS

_____ % OF DEPENENT COSTS

7. TYPE OF EMPLLOYEES TO BE QUOTED:

☐ ALL ☐ MANAGEMENT ☐ HOURLY

☐ SALARY ☐ NON-UNION

8. EMPLOYEES LIVING OUT OF STATE: ☐ YES ☐ NO

INDICATE ZIPCODE ON CENSUS

9. DESIRED EFFECTIVE DATE: _____ / _____ / _____

CENSUS INFORMATION

NAME	Sex	Age or Birthday	Spouse Y / N	# of Children	Cobra Y / N	Home Zip Code	Life Only Y / N	Life Amount

CENSUS INFORMATION CONT.

NAME	Sex	Age or Birthday	Spouse Y / N	# of Children	Cobra Y / N	Home Zip Code	Life Only Y / N	Life Amount