D&B Insurance Services, Inc.

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CENSUS INFORMATION FOR GROUP INSURANCE QUOTE

COMPANY NAME: CONTACT PERSON:

ADDRESS: EMAIL:

TELEPHONE NO: FAX:

Nature of Business or SIC:

MULTIPLE WORKING LOCATIONS: Y N

(If Y, then please indicate which employees are at which location)

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR YOUR GROUP HEALTH INSURANCE PROPOSAL

Employee Name	Sex	Date of Birth (or age)	Residence Zip Code (or County)	Work Location Zip Code (or County)	COVERAGE DESIRED 1= Employee Only 2= EE & Spouse 3 = EE & Children 4 = EE & Family 5 = Waiver	Salary (only needed for Disability quotes)