



## Employee Benefits QUOTE REQUEST FORM

Please complete the form below to receive a free quote. Please include a return phone number and notes on when is the best time to contact you.

Company Name:	<input style="width: 100%;" type="text"/>		
Contact Name:	<input style="width: 100%;" type="text"/>		
Address:	<input style="width: 100%;" type="text"/>		
Address (cont'd):	<input style="width: 100%;" type="text"/>		
City:	<input style="width: 100%;" type="text"/>		
State:	<input type="radio"/> North Carolina <input type="radio"/> South Carolina <input type="radio"/> Virginia <input type="radio"/> Other US State		
Zip:	<input style="width: 25%;" type="text"/>	Phone:	<input style="width: 25%;" type="text"/>
Work Phone:	<input style="width: 25%;" type="text"/>	Fax:	<input style="width: 25%;" type="text"/>
Email:	<input style="width: 100%;" type="text"/>		
Type of Business:	<input style="width: 100%;" type="text"/>		
Year Established:	<input style="width: 100%;" type="text"/>		

**ENTER YOUR CENSUS DATA**

[If you have more than 9 employees: fill out all employee fields on this form and click the "Submit" button. Return to the form, enter just your company name, the remaining employee information, and click "Submit" again. You may repeat the process as often as necessary.]

	Name	Age	DOB (mm/dd/yy)	Sex	Spouse	No. Of Children
1.	<input style="width: 95%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Y <input type="radio"/> N	<input style="width: 20%;" type="text"/>
2.	<input style="width: 95%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Y <input type="radio"/> N	<input style="width: 20%;" type="text"/>
3.	<input style="width: 95%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Y <input type="radio"/> N	<input style="width: 20%;" type="text"/>
4.	<input style="width: 95%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Y <input type="radio"/> N	<input style="width: 20%;" type="text"/>
5.	<input style="width: 95%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Y <input type="radio"/> N	<input style="width: 20%;" type="text"/>
6.	<input style="width: 95%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Y <input type="radio"/> N	<input style="width: 20%;" type="text"/>

7.     M  Y   
 F  N

8.     M  Y   
 F  N

9.     M  Y   
 F  N

**TYPE OF COVERAGE DESIRED?**

PPO (Preferred Provider Organization):  Yes  No

HMO (Health Maintenance Organization):  Yes  No

POS:  Yes  No

Disability:  Yes  No

Dental:  Yes  No

Life Insurance:  Yes  No

<b>JWB INSURANCE</b>	
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