**GLOBAL INSURANCE AGENCY, LLC**
514 Westfield Avenue
Elizabeth, NJ 07208
Tel: (908) 469-8441 Fax: (908) 469-8460
quotes@globalinsurancenj.com

# GROUP HEALTH INSURANCE QUOTE REQUEST

## COMPANY'S INFORMATION

Legal Business:_____

Entity Type: Sole Proprietorship____ LLC____ Corporation_____ Parternship____ Other:_____

Employer Identification Number (EIN) or Tax Payer Number:_____

Mailing Address:_____

City:_____State:_____Zip:_____

Phone:_____ Fax:_____ E-mail:_____

Number of Employees:_____ Number of Employees to be insured:_____

Number of Employees insured by other insurance:_____

## EMPLOYEES CENSUS

| Name | Date of Birth | Gender | Weekly Hours | Employment Type | Contract Type | Employment Date |
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* **Gender: (M)** Male, **(F)** Female
** **Employment Type: (I)** Independent Contractor, **(O)** Partner/Owner, **(E)** Salary/hourly Employee
*** **Contract Type: (E)** Employee only, **(ES)** Employee Spouse, **(EC)** Employee Children, **(F)** Family

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