GROUP CENSUS FORM

FAX BACK TO US FOR A QUOTE

Agency Name Complete Brokerage LLC _____ **Date**_____

Agency Phone (570) 288-3590 _____ **Zip Code**_____

Agency Fax____ (570) 288-3591 _____ **SIC Code**_____

Company Name_____ **Eff. Date**_____

Business Type_____

Current Carrier_____

					COVERAGE TYPE				
#	Name	Sex	Age	DOB	EE Only	Family	EE/ Spouse	EE/ Child	Zip Code
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					COVERAGE TYPE				
#	Name	Sex	Age	DOB	EE Only	Family	EE/ Spouse	EE/ Child	Zip Code
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