

INFORMATION NEEDED TO OBTAIN GROUP QUOTES

Name of Business: _____

Address: _____ City _____ Zip Code _____

Industry: _____ SIC Code (if known) _____

of Years in Business: _____

Total # of employees: _____

E-mail: _____

Phone: _____

Do you currently have a group plan in place? _____ Yes _____ No

If Yes, what Insurance Company? _____ Policy # _____

Renewal Date: _____

Do you currently have a broker? _____ Yes _____ No

If you have 5 employees or less, some carriers will require you provide tax information showing proof of business. Please provide the following tax forms based on your type of business:

Sole Proprietorship	IRS Form 1040 and Schedule C or F
Partnership	IRS Form 1065
Corporation	IRS Form 1120
S Corporation	IRS Form 1120S or 2553
LLC or LLP	IRS Form 1040 and Schedule C or F, 1065 or 1120

Or

Most recent Washington State Employer's Quarterly Report for Industrial Insurance (form #212-055);

Or

Most recent Washington State Employment Security Quarterly Wage Detail Report (form #EMS 5208 B).

If you have been in business for less than a year and have not filed any of the above forms, we will not be able to obtain quotes on your behalf.

