

GROUP SCREENING AND VERIFICATION FORM

Section 1 - GENERAL ACCOUNT INFORMATION

Account Name: _____

Account Address: _____
City State Zip

Are there any employees located out-of-State? _____

If yes, provide City, State & Zip Code for all locations: _____

Nature of Business: _____ SIC Code: _____

No. of years in business: _____ Employer Contribution: EMP: _____% DEP: _____%

No. of Full-Time Employees: _____ No. currently enrolled: _____

Section 2 - CARRIER, BENEFIT AND RATE HISTORY

Current Carrier: _____

How long with this Carrier: _____

If less than three (3) years, name of previous carrier: _____

RENEWAL DATE: _____

RATES AND BENEFITS

	RENEWAL	CURRENT	PRIOR YEAR
IND	\$	\$	\$
P & C			
H & W			
FAMILY			
BENEFIT DESCRIPTION			