GROUP INSURANCE QUOTE FORM

DATE: _____

COMPANY: _____

CONTACT NAME: _____ **Email:**_____

ADDRESS: _____

CITY/TOWN: _____ **PROVINCE:** ON **POSTAL CODE:** _____

TELEPHONE: _____ **FAX NO.:** _____

1. # Full-time Employees: _____ # Part-time Employees: _____

(NOTE: Full-time employees must work two thirds of the firm's normal hours but not less than twenty (20) hours per week.)

2. Does your company currently have an employee group benefits plan in place? ☐ YES ■ NO

3. Is your company a member of a Chamber of Commerce/Board of Trade? ■ YES ☐ NO

4. Which insurance carrier currently provides your employee benefits? _____

5. When does your policy renew? DATE: _____

5. Do you wish to retain the same levels of coverage? ☐ YES ☐ NO

7. How long has your company been in active operation? _____ years _____ months

8. If your business is seasonal, it is in operation for _____ months of each year.

9. Briefly describe the type of business your company engages in:

10. Is your company a: ☐ Sole proprietorship ☐ Partnership ☐ Corporation

11. Do any of the employees currently suffer from any illness or medical condition

12. Where did you hear about the Chamber Plan and/or Doucett Insurance? ☐ Direct Mail Brochure ☐ Fax
☐ Email ☐Referred by: _____Chamber of Commerce ☐Referred by: _____
☐ Other Explain: _____

Notes:

Office Use Only – Broker Assigned:_____ **Date:**_____ **Assigned By:**_____

EMPLOYEE INFORMATION

Full Name	Occupation (and class if applicable)	Prov of Res.	Salary (per hr, wk, mth) e.g. $500/wk	Date Employee began full time employ	Male or Fem	Birthdate Day/mo/yr or age	Single/ Family (S or F)	Indicate **X** for waiver if employee opts out of health/dental due to spousal coverage
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NOTE:

a) Please indicate any employees **NOT** covered by Worker's Compensation.

b) Please indicate any employees covered under a spousal plan for prescription drugs and/or dental.

c) Please indicate any employees who are husband and wife or common-law, and **please indicate if they have dependent children**.

d) Monthly salary for **owners only** is **after** business expenses but **before** taxes for companies that **are not incorporated** (i.e.: where the company does not file a separate tax return).

Please Mail or Fax Completed Form to:
Doucett Insurance, 159 Industrial Avenue, Unit B, Carleton Place, Ontario, K7C 3V7
Fax to (613) 253-3189 or Toll Free 1 (888) 808-8524