GROUP INSURANCE CENSUS

Group Quote Request

(Please save this document to your computer before continuing to fill in requested information.)

Agent Name: Walter E. Jamison
1724 E. 800 Road, Lawrence, KS 66049
Email: walter@speedyisp.net **Fax Back to: (888) 833-7082**

Company Name: _____ **Zip Code:** _____

Effective Date: _____

Type of Business: _____

Number of Employees: _____

Name of Employee	Age	Birthdate	M / F	Type of Coverage: Emp Only	Type of Coverage: Enrolled Spouse DOB	Type of Coverage: Num. of Children to be Covered