|  |  |
| --- | --- |
| Application for group Health-dental  Life-business & workcomp insurance  [www.pnainsurance.com](http://www.pnainsurance.com),www.Smartlifepolicy.com  Tel-619-281-6666, Fax-619-281-6080, info@pnainsurance.com | C:\Users\PNA 3\Desktop\DTL\Misc\pna-logo (2).JPG |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1.company name: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | |  | | | | | | | | | First |  | | | | | | | | | M.I. | | Date | |  | |
| Street Address | | | |  | | | | | | | | | | | | | | | | | | Unit # | | | |  | |
| City |  | | | | | | | | | | | State |  | | | | | | | | | ZIP |  | | | | |
| Phone |  | | | | | | | | | | | Email | | |  | | | | | | | | | | | | |
| Web: | | | |  | | | | | | Fax | | |  | | | | | | | | Tax ID | | |  | | | |
| Business Type | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Are you the Owner/President/CEO/CFO | | | | | | | | | YES | | NO | | Do you apply for Business & Work Comp Ins | | | | | | | | | | | | YES | | NO |
| New business? | | | | | | | | | YES | | NO | | If yes, year of experience | | | | | If No, How many years at this location: | | | | | | | | | |
| Apply Group Health Insurance for all ? | | | | | | | | | YES | | NO | | If No, explain | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Census for group health-dental & Life ins.for your company. How many employees? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | |  | | | | | | | | M F | | Home Zip code Part Time Full Time | | | | | | | | | | | | | | |
| DOB | |  | | |  | |  | Spouse OR Dep. | | | YES | | NO | | | If Yes | | | | How many child/children | | | | | | | |
| Spouse | | Name | | | | | | | | | DOB | | Age(s) of Children / / / | | | | | | | | | | | | | | |
| Pay Stub | |  | | |  | |  | Life Insurance | | | YES | | NO | | | If yes | | | | Face Amount $ | | | | | | | |
| 2nd EY | |  | | | | | | | | | M F | | Home Zip code Part Time Full Time | | | | | | | | | | | | | | |
| DOB | |  | | |  | |  | Spouse Or Dep. | | | YES | | NO | | | If Yes | | | | How many child/children | | | | | | | |
| Remark: Please use your additional sheet for more Employees. Thank you. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Information for yours business and or worker’s compensation insurance quotation. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have current insurance today Yes:\_ No:\_ If yes, expiration date: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If No | | | Age of the building? | | | | | | | | | | | Construction Type | | | | | |  | | | | | | | |
| Alarm | | | If yes, Name of Company: | | | | | | | | | | | Roof Type | | |  | | | | | | | | | | |
| Total Area | | | Customers Area : | | | | | | | | | | | | | | | | | | | | | | | | |
| How many Employees | | |  | | | | | | | | | | | Payroll $ | | | | | |  | | | | | | | |
| Current Bus Ins. Comp. | | |  | | | | | | | | | | | Policy | | | | | # | | | | | | | | |
| Est. Income | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Any Claim? | | |  | | | | | | | | | | | Pending? | | | | | |  | | | | | | | |
| Remark | | |  | | | | | | | | | | |  | | | | |  | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 4.worker’s compensation information | | | | | | | | | | | | | | | | |
| Current Company | | |  | | | | | | | Phone |  | | | | | |
| Address | |  | | | | | | | | Policy # | |  | | | | |
| Renewal Date | |  | | | | | | Current Premium | | $ | | | Renewal Premium | | | $ |
| Current payroll $ | | | | |  | | | | | | | | | | | |
| Policy Since: |  | | | | To |  | Any Claim? | | If yes, Still Pending? Total Claim: | | | | | | | |
| Can we be yours Broker of record for Insurance Company? | | | | | | | | | YES | NO |  | | | | | |
| State Fund Company | | |  | | | | | | | Policy |  | | | | | |
| Address | |  | | | | | | | | Expiration | |  | | | | |
| Renewal Date | |  | | | | | | Current Premium | | $ | | | Renewal Premium | | | $ |
| Any Claim? | | | | | If yes, Sill Pending Total Claim: $ | | | | | | | | | | | |
| Policy Since |  | | | | To |  | Remark | |  | | | | | | | |
| Current Worker Compensation Ins. Comp.? If No | | | | | | | | | YES | NO |  | | | | | |
| How many Employees | |  | | | | | | | | Total Payroll |  | | | | | |
| How many Full time | |  | | | | | | | | How many Part time | |  | | | | |
| Owner Included | |  | | | | | | Executive | | $ | | | Exe. Members | | | $ |
| Executive & Exe Members Ins? | | | | |  | | | | | | | | | | | |
| Req. Eff. | Date: | | | |  |  |  | |  | | | | | | | |
| Do you need the insurance binder day? | | | | | | | | | YES | NO |  | | | | | |
|  | | | | | | | | | | | | | | | | |
| remark | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Disclaimer and Signature | | | | | | | | | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge. | | | | | | | | | | | | | | | | |
| Name & Signature | | | |  | | | | | | | | | | Date |  | |

Additional Sheet for more employees and or comments.