

Business & Auto Ins Spec In.
Client Service: 386-937-0964
Fax: 352-995-2020
Email: Your Agent or ccomer@insspecialist.com

Thank you for partnering with Business & Auto Ins Specialist we look forward to working with you. Please fill in the information on *both tabs* completely. If you have any questions, please reach out to your agent or ccomer@insspecialisit.com.

Group Name: _____
Address: _____
City: _____
Phone Number: _____ **Contact:** _____
SIC Code: _____

What is your target effective date? _____
How many Full time Employees? _____
How many Part time employees? _____
Are all Employees W-2? _____
If no, how many 1099's? _____

Are there any employees currently in their waiting period? _____
If yes, would you like to waive the waiting period for Open Enrollment? _____
Do you have multiple locations? _____
Are there any out of state employees? If so, how many? _____
What is your Tax ID Number? _____
Do you have multiple Tax ID Numbers? _____
Is there anyone listed on the Quarterly wage report who will NOT be enrolling? I.e. Owners, Partners etc.? _____
Do you have existing coverage in place? If yes, what carrier? _____