PO BOX 924 – TEHACHAPI, CA 93581
661.952.9153 OFFICE – 661.823.1102 FAX
CA INSURANCE LICENSE # 0F30735
MI INSURANCE LICENSE # 0081085

MONUMENT
Commercial Insurance Agency

COMPANY NAME: ________________________________

CITY: ________________________ CA, ZIP:_________

1. NATURE OF BUSINESS: ______________________

2. MORE THAN ONE LOCATION: ☐ YES ☐ NO

   IF YES, WHERE:____________________________

3. # OF FULLTIME EMPLOYEES (30 + Hrs / wk): __________

4. ARE ANY EMPLOYEES PAID BY COMISSION (AND / OR) PAID AS INDEPENDANT CONTACTORS (FORM 1099)? ☐ YES ☐ NO

5. ANY COBRA PARTICIPANTS PREVIOUSLY EMPLOYED BY YOU: ☐ YES ☐ NO

6. % OF COST TO BE PAID BY EMPLOYER
   __________ % OF EMPLOYEE COSTS
   __________ % OF DEPENDENT COSTS

7. TYPE OF EMPLLOYEES TO BE QUOTED:
   ☐ ALL ☐ MANAGEMENT ☐ HOURLY
   ☐ SALARY ☐ NON-UNION

8. EMPLOYEES LIVING OUT OF STATE: ☐ YES ☐ NO
   INDICATE ZIPCODE ON CENSUS

9. DESIRED EFFECTIVE DATE: _____ / _____ / _____

CENSUS INFORMATION

NAME	Sex	Age or Birthday	Spouse Y / N	# of Children	Cobra Y / N	Home Zip Code	Life Only Y / N	Life Amount

CENSUS INFORMATION CONT.

NAME	Sex	Age or Birthday	Spouse Y / N	# of Children	Cobra Y / N	Home Zip Code	Life Only Y / N	Life Amount