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CALIFORNIA INSURANCE LICENSE # 0F30735

MONUMENT
COMMERCIAL INSURANCE AGENCY

COMPANY NAME: ________________________________

CITY: ________________________ ST:_____ 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 DEPENENT 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

Last Name, First 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