

FREE NO OBLIGATION GROUP QUOTE

Group Census

PLEASE FAX OR E-MAIL YOUR CENSUS TO US FOR A QUOTE.

Group Contact Person: _____

Group Name: _____

Type of Business: _____

Address: _____

City: _____ Zip: _____

Phone #: _____ Fax #: _____

E-mail: _____

Current Carrier: _____

Renewal Date: _____

Please check what quotes you would like for your group:

Group Medical

Group Life

Group Vision

Group Dental

Group Disability

Group Supplemental

Employee Name	Sex F/M	Age	Home Zip Code	Spouse	# of Children
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					

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Thank you. We look forward to assisting you with your insurance needs.