

Return Census to: Bowman & Bowman Consultants, Inc (972-578-5095) Request for Group Health Insurance Quote
Fax @ 972-578-6687 or Email to: jim@bowmanbenefits.com

Date: _____ Main Business Activity: _____ SIC Code: _____

Business name: _____ C Corporation S Corporation Partnership Sole Proprietor (circle)

Requested Effective Date of Coverage: _____ Business Zip Code: _____

Any Contractors to be included (circle) Yes No Currently have Worker's Comp Insurance (circle) Yes No

EE Name	Sex	DOB	Home Zip Code	** Married/ Single	** # of Children	List Any Health Conditions, Medications or Pregnancy
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

** Please list only dependents you wish to insure or get rate information for .