

Company Name _____
Address _____
City/State/Zip _____
Phone _____
Contact Person _____
Type of Business _____
Employer Contribution 100% / 0%
Employer Eligibility (Hours per Week) A 30 Hours
Probationary Period 60 days
Current Carrier _____



FLOYD WATKINS & ASSOCIATES, INC.
P.O. BOX 820365
VANCOUVER, WA 98682-0007
(360)253-4505 1-800-232-1310
FAX# (360)253-7144

Agent's Name Brian Berg SIC CODE: _____
Renewal Date _____
Effective Date Requested _____
Email Address _____

EMPLOYEE CENSUS

(IMPORTANT - LIST ALL OWNERS, EMPLOYEES ON PAYROLL AND COMPLETE ALL OF THE COLUMNS THAT APPLY)

* <i>Indicates if Owners are <u>not</u> covered by Worker's Compensation</i>				ENROLLING STATUS MEDICAL					FAMILY MEMBERS				WAIVING COVERAGE Waiving Dental = D Waiving Medical = M Waiving Both = B			
EMPLOYEE FIRST OR LAST NAME *	Employee Zip Code *	M / F *	DATE OF BIRTH (MM/DD/YY) *	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	FAMILY	# of Child(ren)	SPOUSE'S DATE OF BIRTH (MM/DD/YY) *	CHILD'S DATE OF BIRTH (MM/DD/YY) *	CHILD'S DATE OF BIRTH (MM/DD/YY) *	CHILD'S DATE OF BIRTH (MM/DD/YY) *	NOT ENOUGH HOURS	OTHER COVERAGE	PROBATION PERIOD	(ELIG. DATE)

The areas with a star are required information needed to get a quote.