



# PENN RISE ADVISORS

## Group Insurance Information Request

All information submitted is treated as confidential

Business Name		Business Contact and Title		Business Phone Number			
Business Address				Business Fax Number			
Length of Time in Business		Description of Business Activity		SIC Code			
Email address		Current Rates	<u>Single</u>	<u>Husband &amp; Wife</u>		<u>Parent &amp; Child (ren)</u>	<u>Family</u>
How many hours per week must an individual work to be considered a full-time employee?			Name of current insurance carrier(s) and renewal date(s). _____				

	Employee Name	Employee Birthdate (MM/DD/YY)	Is Employee Medicare Eligible? (Y or N)	Sex (M or F)	If married, is spouse enrolling? (Y or N)	Name of Spouse	Spouse Birthdate (MM/DD/YY)	Number of children enrolling	Names of children enrolling	Childs Birthdate (MM/DD/YY)	Employee Zip Code	Employee Salary
Complete information in these columns for ALL individuals enrolling for ANY type of insurance coverage												
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

Please continue listing employee and family information on separate sheet if necessary

To obtain a quote for insurance, complete this form and return to:

<b>Karl Klingmann II - Penn Rise Advisors</b> <b>772 Marshallton Thorndale Rd, West Chester, PA 19380</b>	<b>Phone</b> <b>610-269-8363</b>	<b>Fax</b> <b>610-646-0771</b>	<b>Email</b> <a href="mailto:karl@pennriseadvisors.com">karl@pennriseadvisors.com</a>
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All quotes are subject to final underwriting and approval from the insurance company. Rates may change with any change in census information, additions, removal of employees or effective dates. This is not a contract or guarantee to offer coverage to your business or employees. Please do not cancel your existing policy until the new policy is in force and an ID number is available.