



GROUP HEALTH INSURANCE QUOTE

Business Name: _____

Tax ID Number: _____

Contact Person: _____

Contact Telephone: _____

Contact Email: _____

If you have more than 21+ employees, please contact us directly at carl@insurancevi.com

If you have 20 or fewer employees, please fill out the information on both pages, save and send form to carl@insurancevi.com

			Age					
Age	Gender	Employee Coverage Requested	Spouse	Child 1	Child 2	Child 3	Child 4	Child 5
Employee 1								
Employee 2								
Employee 3								
Employee 4								
Employee 5								
Employee 6								
Employee 7								
Employee 8								
Employee 9								
Employee 10								
Employee 11								
Employee 12								
Employee 13								
Employee 14								
Employee 15								
Employee 16								
Employee 17								
Employee 18								
Employee 19								
Employee 20								

Save form to desktop. Open, fill out and resave.
 Email completed form to carl@insurancevi.com