



COMPANY INFORMATION SHEET

Business Name:

Contact Name:

Business Street Address:

Business Mailing Address:

Office Number:

Cell Number:

Fax Number:

Home Number:

Contact's Email Address:

Company Website:

of F/T Employees: 

of P/T Employees: 

Date Business was established:

Nature of Business:

Business Corp. Structure:

What employee benefits do you currently offer?

Who are your current insurance carriers?

Are you open to receiving a quote from Kaiser Permanente?

What benefits would you like quoted?

Do you currently have a Flex/Section 125 Plan? Y/N?

Are there any Doctors or Hospitals that are important to you?

Is there anything else you would like for us to know?

Please return form by [EMAIL to info@lisadaileyinsurance.com](mailto:info@lisadaileyinsurance.com) - or - [FAX to 1-503-296-2444](tel:1-503-296-2444)