

FREE NO OBLIGATION GROUP QUOTE

Group Census

PLEASE CALL OR E-MAIL YOUR CENSUS TO US FOR A QUOTE.

Group Contact Person: _____

Group Name: _____

Type of Business: _____

Address: _____

City: _____ Zip: _____

Phone #: _____

E-mail: _____

Current Carrier: _____

Renewal Date: _____

Please check what quotes you would like for your group:

☐ Group Medical

☐ Group Life

☐ Group Vision

☐ Group Dental

☐ Group Disability

☐ Group Supplemental

Employee Name	Sex F/M	Age	Home Zip Code	Spouse Age	# of Children & Age
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					

Pimentel Insurance Services, Inc.

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Turlock, CA 95381-1029

PHONE: 209-669-0170

info@pimentelinsurance.com

LICENSE NUMBER: 0D01831

www.pimentelinsurance.com

Thank you. We look forward to assisting you with your insurance needs.