Quote Request Form

Advisor Name	Daniel Potts				**Effective Date**					
Company Name										
Business Address										
City / Province / Postal Code										
Phone / Email										
Nature of business:										
Current Employee Benefit plan?										
Employee Name	Occupation	Birth Date	Gender	Province of Residence	Weekly Hours	Wage / Salary	Date Employed	S/C/F	Class	
Payroll Frequency: ___ Weekly ___ Bi-weekly ___ Semi-monthly ___ Monthly										
S = Single C=Couple F = Family W = Waiving EHC & Dental I/C = Independent Contractor										