

## Floridian Quote Group Health Census

Fax back to 813-265-2038

|   |
|---|
| Today's Date  |
| Contact Name  |
| Owners Name   |
| Company Name  |
| Street Address                                      |
| City/State Zip                                      |
| Telephone   |
| Description of Business                             |
| E-mail  |
| Current Provider                                    |
| Renewal Date  |
| Renewal Premium                                     |
| Desired Monthly Premium                             |
| Preferred Insurance Company                         |
| Would you like Group Dental?                        |
| Would you like Group Life?                          |
| Would you like a company sponsored retirement plan? |

