Small Group Insurance
Employee Census Listing for Quote

Employer Group Name:

Employer Location:

LINDSTROM INSURANCE

Information Needed for All Group Quotes (Medical, Dental, Vision, Flat amounts of Life Insurance)									Additional information for Disability Quotes	
#	Employee First Name	Employee Last Name	Dependent First Name	Dependent Last Name	Relationship	Gender	Date of Birth	Employee Home Zip	Occupation	Monthly Earnings

Completed information may be emailed to betty@lindstrominsurance.com or faxed to our office at 831-335-5883. If emailing confidential information, please contact us in advance so we can arrange a password or other document protection. Office telephone number is 831-335-8200 or 877-238-8974.