

Promiserve Insurance

Worthy of Your Trust

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 1840 Shore Drive Annapolis, MD 21401
 www.promiserve-insurance.com

Company Information

Please complete or attach business card

Company: _____
 Contact: _____
 Address: _____

 Phone: _____
 Fax: _____
 Email: _____
 Website: _____
 Industry or SIC Code: _____

Benefit Information

Renewal Month: _____

	Carrier	Brief Description - copays, etc.
Medical	_____	_____
Dental	_____	_____
Short-term disability	_____	_____
Long-term disability	_____	_____
Life	_____	_____
Vision	_____	_____

Employee Information

Please provide the following information either directly on this form or by Excel spreadsheet

	Last name	First name	DOB	M/F	Coverage*	Products**	Home Zip Code
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Coverage: E=employee, E/S=emp/spouse, E/C=emp/children, O= other insurance, NE= not eligible
 Products: H=health, D=dental, L=life, LTD=long-term disability, STD=short-term disability, V=vision