102 S. Robinson St – Tehachapi, CA 93561
PH: 661.822.8548 – FAX: 661.945.5476
CA LICENSE # : 0C32187

Driscoll & Driscoll Insurance Agency

Property & Casualty • Bonds • Workers Comp • Commercial • Personal

COMPANY NAME: ___________________________________

CITY: ___________________________ CA, ZIP:__________

1. NATURE OF BUSINESS: _________________________
2. MORE THAN ONE LOCATION: ☐ YES ☐ NO

   IF YES, WHERE:_______________________________
3. # OF FULLTIME EMPLOYEES (30 + Hrs / wk): ___________
4. ARE ANY EMPLOYEES PAID BY COMISSION (AND / OR) PAID AS INDEPENDANT CONTACTORS (FORM 1099)? ☐ YES ☐ NO
5. ANY COBRA PARTICIPANTS PREVIOUSLY EMPLOYED BY YOU: ☐ YES ☐ NO
6. % OF COST TO BE PAID BY EMPLOYER

   ___________ % OF EMPLOYEE COSTS

   ___________ % OF DEPENENT COSTS
7. TYPE OF EMPLLOYEES TO BE QUOTED:

   ☐ ALL ☐ MANAGEMENT ☐ HOURLY

   ☐ SALARY ☐ NON-UNION
8. EMPLOYEES LIVING OUT OF STATE: ☐ YES ☐ NO

   INDICATE ZIP CODE ON CENSUS
9. DESIRED EFFECTIVE DATE: _____ / _____ / _____

CENSUS INFORMATION

NAME	Sex	Age or Birthday	Spouse Y / N	# of Children	Cobra Y / N	Home Zip Code	Life Only Y / N	Life Amount

CENSUS INFORMATION CONT.

NAME	Sex	Age or Birthday	Spouse Y / N	# of Children	Cobra Y / N	Home Zip Code	Life Only Y / N	Life Amount