



**COMPANY INFORMATION SHEET**

Business Name:

Contact Name:

Business Street Address:

Mailing Address:

Office Number:

Cell Number:

Fax Number:

Home Number:

Contact's Email Address:

Company Website:

# of Fulltime Employees:

# of Part-time Employees:

Date Business was established:

Nature of Business:

Business Structure (Check correct option):

Life Insurance Options:

- C-Corp
- S-Corp
- Sole Proprietor
- LLC/Partnership
- Non-Profit
- Other

- Amount of coverage?
- Term or Whole Life?
- Group or Individual?
- Smoker or Non-Smoker?
- High Risk Activities?
- Quote Mo. or Annual Prem?

Do you currently offer employee benefits?:

If so, what kind?

Are you interested in adding benefits?

If so, what kind?

Do you currently have a Cafeteria Plan? Yes / No

Are there any Providers of Service who are important to you?

**Please Email or FAX this information to Dailey Insurance Services. Fax: 503-296-2444**