

# Employer Group Insurance Questionnaire

Company Name

Contact Person

Contact Email

Contact Phone

Company Address

Industry

Year Established

Total Number of Employees

Number of Employees to be Insured

Types of Benefits Interested In 

- Health Insurance
- Dental
- Vision
- Life Insurance
- Disability
- Wellness Programs
- Other



Current Insurance Provider (if any)

Group Insurance Renewal Date

Additional Notes or Requirements