Fax completed form to 402.488.5141
Or mail to: COMPRO
8101 O Street, Suite 201
Lincoln, NE 68510

Group Insurance Quotation Census

Company Name: _____ Company Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Contact Name: _____ Current Insurance Carrier: _____

Business Description: _____

Desired Effective Date: _____ Referring Agent: _____

Do you have more than 1 location? ☐ YES ☐ NO

If so, where? _____

What benefits are most important in looking at a new plan?

NOTE: This is for census purposes only; the actual enrollment may vary.

					Type of Coverage - Select one for each employee				
	Employee Name	Sex M / F	Age/D.O.B.	# of Children	Life Only	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
	Totals								