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### EMPLOYER QUESTIONNAIRE

In order to provide you with the most accurate quote possible, please provide us with the following information:

1. Name of the business
2. Type of business and SIC code (*from TWC report*)
3. Business location(s) for each covered employee, including city and zip code
4. Contact person / title and telephone number
5. A census that includes information for each full-time employee applying for coverage (preferably in Excel):
  - a) sex
  - b) date of birth
  - c) dependents covered for each employee, *ex. spouse, # children, or family*
6. Description of present coverage or a copy of existing benefits summary
7. Copy of most recent bill
8. Details on any on-going health concerns (pregnancy, cancer, etc..., including date of onset, date of last treatment, etc...) **REQUIRED**
9. Two-year paid-claims versus paid-premium history report (Required for groups with more than 49 employees)
10. Date new coverage should start (please allow 30 - 60 days)
11. Does the business carry a workman's compensation policy?
12. What benefit changes would you like to see made to your existing group health plan?
13. Do have a group dental plan, group life plan, group disability plans, section 125 cafeteria plan, retirement plan, or any other supplemental insurance benefits in-place? If so, please provide a description of each and tells us if these plans are voluntary or employer-paid.

If needed, you may use our **Employee Health Information** questionnaire to collect information from your employees. Fax or email all information back to us at least 30 days prior to your requested start date. In most cases, your quotes from all available sources should be ready for comparison in approximately two weeks from the time we receive all requested information from you. Please call us with any questions. Thank you for giving us an opportunity to earn your business.