



Please fill out the form below and email it to: [info@infortegroup.com](mailto:info@infortegroup.com) or fax to: (650) 571-8883

\* required field

Your company name: \*

Mailing address: \*

State/Zip: \*

Are you a:            Sole Proprietor            Corporation            Partnership            Other

Years in business:

Contact person:

Phone number:

Fax number:

Company website address:

Contact e-mail address:

Type of business:

Description of business/operations:

Actual property address if different from mailing address:

Federal Tax ID Number:

Existing insurance carrier name if any:

Existing policy number (if any):

Any losses last 5 years:            Yes            No

Describe losses:

Name of owner(s) to be excluded:

% of ownership for those excluded:

Total # of Full times:

Total # of Part times :

Annual payroll: \$

Do you provide Group Health Benefits?

If yes, what carrier?

What % is paid by the employer?