



Please fill out the form below and email it to: 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?