



NEW CLIENT BUSINESS SHEET

Please fill out & return to:
ADMINASSISTANT@DUKEINSURANCEBROKERAGE.COM
Or fax to: (413).547.8239

Please fill this form out to the best of your ability, as well as supporting documentation if deemed necessary. If you have any questions, please call 413.583.2611.

Part I (BUSINESS INFORMATION)

Business Name: _____

Business Address (Street #): _____

(City, State, Zip): _____

Business Phone #: _____ **Nature of Business:** _____

PART II (CURRENT PLAN INFO)

Current Carrier: _____

Current Plan: _____

Current Rates (if tier not applicable, please write "N/A")

EE: \$ _____

EE+SP.: \$ _____

EE+CH.: \$ _____

FAMILY: \$ _____

Requested Effective Date: _____

Type of plan you're interested in (i.e. High/ low deductible, HMO, PPO, etc.): _____

PART III (Group Census)

Name **Age** **DOB** **Sex** **Single/EE+SP/EE+CH/FAMILY** **Home Zip Code**

1.	_____	_____	_____	_____	_____
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Requested By: _____

Date: _____