

# BUSINESS CENSUS for QUOTE

Please fax to: 303-721-1085 or email to [info@roperinsurance.com](mailto:info@roperinsurance.com)



116 Inverness Drive East, Suite 265  
Englewood, CO 80112  
Phone: (303) 721-1145 Fax: (303) 721-1085

[www.RoperInsurance.com](http://www.RoperInsurance.com)

Thank you for your quote. Once your census is received, our experts will create comparison quotes that improve your current plan's coverage or rates. We will reply within 24 business hours of your response. Please call our office if you have any questions or would like to do receive a free quote over the phone:

Direct: 303-721-1145, or toll-free: 1-877-ROPER11 (767-3711)

Company Name:	
Contact:	
Phone:	Fax:
Address:	
City, State, Zip:	
Email:	
Type of Business:	
Current Carrier:	<input checked="" type="checkbox"/> Willing to try different carriers
Renewal Date:	
CURRENT RATES:	
EE:	
ES:	
EC:	
EF:	

\*Coverages: EE=employee only, ES=employee+spouse, EC=employee+children, EF=employee+spouse+children,  
W=waive coverage, C=COBRA or State Continuation coverage (please specify family members to be covered)

	Required Info			Optional Information				
	Employee Birthdate	Coverage Requested*	Zip Code (if out of area)	Employee Name	Sex	Age of Spouse	# of Children	Job & Salary (if applying for Disability Insurance)
1					M / F			
2					M / F			
3					M / F			
4					M / F			
5					M / F			
6					M / F			
7					M / F			
8					M / F			
9					M / F			
10					M / F			
11					M / F			
12					M / F			
13					M / F			
14					M / F			
15					M / F			
16					M / F			
17					M / F			
18					M / F			
19					M / F			
20					M / F			
21					M / F			
22					M / F			