

Census Form ~ Please Complete As Fully As Possible

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone Number: (_____) _____ Fax: (_____) _____

Email address: _____@_____

Description of Business: _____

Desired Quote(s):

Group

Individual/Family

Both

Employee Number	Sex	Age	Smoke	Home ZipCode	County	Spouse Age	Smoke	Child 1 Sex	Child 1 Age	Child 2 Sex	Child 2 Age	Child 3 Sex	Child 3 Age
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
Describe Known Health Conditions For Anyone To Be Covered. Indicate Which Person The Conditions Are For Only By Employee Number.													

PRO Insurance requests quotes from multiple insurance carriers. Group quotations may take up to one week for all requests to be returned. Once they have been received and the top one or two selected, that information will be sent to you. Rates are subject to change once applications are submitted.

Please return form to: PRO Insurance Managers, Inc.
 209 West 135th Street ~ Kansas City, MO 64145-1201
 877-CALL-PRO ~ 800-821-7383 ~ 816-941-0030 ~ 816-941-2750 Fax
 Email - rfuchs@pro4.us ~ Website - www.pro4.us