Argus INSURANCE, INC.

Helping you today to secure your tomorrow!

Ellensburg | Moses Lake | Sunnyside | Yakima

www.argusinsurance.com

FAX TO: 866-332-7487
MAIL TO: PO Box 2945
Yakima, WA 98907

General Information

Name of Organization	Contact Person
Mailing Address	Mailing Address if different
City/State/Zip	City/State/Zip
Physical Address	Physical Address if different
City/State Zip	City/State/Zip
Phone #	Phone #
Fax #	Fax #
Web Site Address	Mobile #
General Delivery E-mail Address	E-mail Address

Current Group Plan Information

When you return this form, include a copy of current monthly bill from your existing carrier as well as a copy of the coverage summary.

Current Carrier _____ Plan # _____

Employer pays what percentage of employee premium? _____

Employer pays what percentage of dependents premium? _____

Check which coverages you want quoted:

Health ☐ Life/AD&D ☐

Dental ☐ Disability ☐

Vision ☐ Other _____

Census Information

#	Employee Name	Zip Code	City	Male Female	Date of Birth	Spouse Date of Birth	Child Date of Birth	Child Date of Birth	Child Date of Birth
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

Print and complete as many copies of this page as you need for additional employees.

#	Employee Name	Zip Code	City	Male Female	Date of Birth	Spouse Date of Birth	Child Date of Birth	Child Date of Birth	Child Date of Birth