JEFF DAVID
INSURANCE AGENCY

Company Information			
Business Name:		**Business Type:**	
Address:		**City:**	
State:		**Zip Code:**	
Tax Id #		**Date Established**	

Contact Information			
Primary Contact:		**Phone:**	
Fax:		**Email:**	
Preffered Method of Contact		**Preffered Time of Contact**	
Number of Employess		**Number of Covered Employees**	

Input Values:

D=Dependent E=Employee S=Spouse	Name	Current Age	mm/dd/yyyy	M or F	Health	Life	Dental	Vision
Example Row:	**John Doe**	**66**	**01/01/1950**	**M**	**Yes/No**	**Yes/No**	**Yes/No**	**Yes/No**

Please Submitt Form to Jeff David Ins. By Email or Fax

Phone: (816) 436-2622 **Fax:** (816) 436-9712 **Email:** Anthony@jeffdavidinsurance.com