Employee Census Form:

Company Information:

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____
Fax Number : _____
Email Address :_____
Contact Person: _____ Nature of Business:_____
Requested Effective Date: _____

Full Time Employee Information: (More Then 30 hours a week on a non seasonal basis.)

Name:	M/F	Employee Birthdate	Spouse Birthdate	Children's (M/F) & Birthdate	Zip Code

Please return to:

Davis Insurance Group sales@sjdavis.net - Email
5041 New Center Drive - Suite 207 - Wilmington, NC 29403 - (910) 392-5173 office (910) 256-5123 Fax