Innovative Broker Services

An Insurance Advisory and Financial Services Company

At Innovative Broker Services, we offer the best value for your insurance needs. This assessment form is the first step. If you have any questions about the form, please don't hesitate to let us know.

Company Name:					
Contact Name:					
Address:					
City:		**State:**		**Zip Code:**	
Phone:		**Fax:**			

How often are you in contact with your insurance agent?	
How do you effectively communicate benefits information to new or existing employees?	
Does your insurance agent offer all of your comprehensive business or personal insurance needs?	
Do you use more than one insurance broker for your insurance needs?	
What is your renewal date?	
What plans/benefits do you offer your employees?	

Contribution for employee:	**$ / %**	**For dependent(s):**	**$ / %**

Employee Name	M/F	DOB	*Status	**Occupation	**Salary	Residence Zip Code

* **Status: E=**Employee Only, **ES=**Employee + Spouse, **EC=**Employee + Child(ren), **F=**Family, **CB=**COBRA
** Occupation and Salary are only needed to quote STF/LTD & Life Insurance

Please fax back to 916.244.0863.

reliable. responsive. ready.