



4868 Sparks Blvd., Suite 100  
 Sparks, NV 89436  
 Phone (775) 425-3233  
 Fax (775) 425-5635  
[www.acsinsurance.com](http://www.acsinsurance.com)  
[grace@acsinsurance.com](mailto:grace@acsinsurance.com)

Date: \_\_\_\_\_

Group Name \_\_\_\_\_ City/Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Nature of Business \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please put an **X** by the plans you would like quoted:

Deductible: \$0 \_\_\_\_\_ \$250 \_\_\_\_\_ \$500 \_\_\_\_\_ \$1,000 \_\_\_\_\_ \$2,000 \_\_\_\_\_ or \$5,000 \_\_\_\_\_

Co-Insurance: 100% \_\_\_\_\_ 90% \_\_\_\_\_ 80% \_\_\_\_\_ 70% \_\_\_\_\_ RX: Y \_\_\_\_\_ N \_\_\_\_\_

Health Plans \_\_\_\_\_ Life Plans \_\_\_\_\_ Dental Plans \_\_\_\_\_ Visions Plans \_\_\_\_\_

Disability Plans \_\_\_\_\_ Cafeteria Plans \_\_\_\_\_ Section 125 Plans \_\_\_\_\_ Other \_\_\_\_\_

	Employee Name	Sex M/F	Employee DOB	Smoker Y/N	Spouse DOB	Smoker Y/N	Child DOB	Child DOB	Child DOB	Zip Code
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										

**Proposed Effective Date:** \_\_\_\_\_

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**4868 Sparks Blvd #100**  
**Sparks, NV 89436**  
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**Fax (775) 425-5635**

**Thank you for the opportunity to work with you!**