



4868 Sparks Blvd., Suite 100
 Sparks, NV 89436
 Phone (775) 425-3233
 Fax (775) 425-5635
www.acsinsurance.com
andy@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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Thank you for the opportunity to work with you!