



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

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

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

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

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

Email Address: \_\_\_\_\_

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

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

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

**Health Plans:** \_\_\_\_\_ **Life Plans:** \_\_\_\_\_ **Dental Plans:** \_\_\_\_\_ **Vision 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	Employee Zip Code
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										

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

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

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