MORNING STAR AGENCY INSURANCE SERVICES

2152 Dupont Dr., Ste. 204 Irvine, CA 92612
(949) 833-2030 Fax (949) 833-2060
E-mail morningstarins@sbcglobal.net
Department of Insurance License # OF19779

BUSINESS/GROUP INFORMATION

COMPANY NAME _____

CITY _____, CA ZIP _____

1) NATURE OF BUSINESS: _____

2) MORE THAN ONE LOCATION? ☐ YES ☐ NO
IF YES, WHERE? _____

3) # OF FULL TIME EMPLOYEES (30+ hrs/wk): _____

4) ARE ANY EMPLOYEES PAID BY COMMISSION (AND/OR) PAID AS INDEPENDENT CONTRACTORS? (FORM 1099)? ☐ YES ☐ NO

5) ANY COBRA PARTICIPANTS PREVIOUSLY EMPLOYED BY YOU? ☐ YES ☐ NO
(INDICATE ON CENSUS)

6) % OF COSTS TO BE PAID BY EMPLOYER:
_____% OF EMPLOYEE COSTS
_____% OF DEPENDENT COSTS

7) TYPE OF EMPLOYEES TO BE QUOTED:
☐ ALL ☐ MANAGEMENT ☐ HOURLY
☐ SALARY ☐ NON-UNION

8) EMPLOYEES LIVING OUT-OF-STATE? ☐ YES ☐ NO
(INDICATE ZIP CODE ON CENSUS)

9) DESIRED EFFECTIVE DATE: ___/___/___

CENSUS INFORMATION

NAME	SEX	AGE OR BIRTHDATE	SPOUSE (Y/N)	# OF CHILDREN	COBRA (Y/N)	HOME ZIP CODE	LIFE ONLY (Y/N)	LIFE AMOUNT
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								

CENSUS FORM (Cont.) *BROKER:* _____ *CASE NAME:* _____

NAME	SEX	AGE OR BIRTHDATE	SPOUSE (Y/N)	# OF CHILDREN	COBRA (Y/N)	HOME ZIP CODE	LIFE ONLY (Y/N)	LIFE AMOUNT
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								