FEDER INSURANCE SERVICES
THE INSURANCE PROFESSIONALS

(908) 868-0127 / fax (908) 272-3127

PROPOSAL REQUEST

COMPANY NAME

CONTACT NAME & TELEPHONE

CONTACT FAX NUMBER

STREET ADDRESS

CITY, STATE, ZIP CODE

INDUSTRY / SIC

____	PPO	____	Hosp. Co-pay waiver
____	POS	____	Deductible
____	HMO	____	Co-insurance
____	Rx card	____	Life
____	O.V. Co-pay	____	Dental

CENSUS DATA FOR GROUP INSURANCE

	GENDER	D.O.B. / AGE	STATUS*	SALARY **	JOB TITLE***	ZIP CODE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

* Employee only: **S** Employee + spouse: **HW** Employee + child(ren): **PC** Family: **F**

****** If requesting Life Benefits quote

*** If requesting Long Term Disability Benefits quote