

Company Name: _____

Date: _____



Name	DOB d/m/y	Occupation	Annual Salary	Sex	Single Family Waive	Date of hire d/m/y	Class

Please allow Marathon Benefit Corporation to obtain Quotations and pricing on our behalf, for employee benefits.

Signed: _____ Dated: _____ [Fax back to 403-206-7400]

We will need all of the following to be able to provide you with the most accurate quote possible:

Nature of business: _____

Number of years in Business: _____ Any subsidiaries to be covered: _____

Anyone away from work for any reason: Y N If yes, explain: _____

Do all employees work at least 20 hours / week? Y N Are you covered by Workers Comp.? Y N -

Do you handle hazardous materials? Y N Types: _____

Any seasonal employees? N [Seasonal employees must work at least 9 mo. Per year to be eligible.]

What % of employees are related? _____% Any contractors seeking coverage? N

Who is your current insurance carrier {please provide name of insurance company}? _____

How long have you been with your current insurer? _____ Years

We appreciate you having this information together at the time of our meeting. This will facilitate our conversation and ability to bring ideas to the table.

Thank You,

Marathon Benefit Corporation.