

INSURANCE PROPOSAL REQUEST

Get more information on our Insurance Benefits Program developed specifically to meet your company's needs.

Just fill out this form and return it to:

DIAMOND COMPANIES, INC.
P.O. Box 3063
Farmington Hills, MI 48333

For even faster service:

Fax: 800-888-1470

E-mail: Bernard@diamondcompanies.com

If you have any questions, call 800-536-2230.



Company name: _____

Contact person: _____

E-Mail address: _____

Address: _____

City: _____

State: _____ Zip: _____

County: _____

Phone #: _____

Fax #: _____

Number of employees: _____

Current Insurer: _____

Renewal Date: _____

Nature of Business: _____

PLEASE COMPLETE FOR ALL ELIGIBLE EMPLOYEES.

(An eligible employee is one working 30 hours or more a week.) If additional space is needed, copy this form or attach a separate sheet.

	Employee Name	Sex M/F	Date of Birth (mm/dd/yyyy)	Coverage* (See codes below)
	<i>John Smith (Example)</i>	<i>M</i>	<i>4/14/1964</i>	<i>F (3 children)</i>
1			/ /	
2			/ /	
3			/ /	
4			/ /	
5			/ /	
6			/ /	
7			/ /	
8			/ /	
9			/ /	

* Coverage codes: S = Single ES = Employee & Spouse EC = Employee & Child F = Family

When coverage will include children, please note the number of children to be covered.