

GROUP CENSUS
DAVIDSON CAMP INSURANCE SERVICES, LLC
 10101 REUNION PLACE # 300
 SAN ANTONIO, TEXAS 78216
 T: 210-384-5349 F: 210-941-0492

	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	
1	LEGAL COMPANY NAME (include DBA):							AGENT: Davidson Camp Insurance Services, LLC										
2	PHYSICAL ADDRESS:							REFERRAL:										
3	BUSINESS PHONE NUMBER:							COUNTY:										
4	ADDITIONAL LOCATIONS (include physical address):							SIC CODE:										
5	TYPE OF BUSINESS:							EIN:										
6	STRUCTURE (C Corp, S Corp, LLP, etc):							DATE BUSINESS ESTABLISHED:										
7	CURRENT INSURANCE CARRIER:							EFFECTIVE DATE:										
8	BENEFITS CONTACT PERSON:							EMAIL ADDRESS:										
9	CONTACT PHONE NUMBER (cell or direct line):							NEW HIRE WAITING PERIOD:										
10	EMPLOYER CONTRIBUTION AMOUNT or %:							PAYROLL EMPLOYEE COUNT (include FT/PT/SE):										
11	PAYROLL CYCLE (Monthly-12, Semi-Monthly-24, Bi-Weekly-26, Weekly-52):							OWNERSHIP IN OTHER COMPANIES (yes/no):										
12	SPECIAL CONCERNS OR REQUESTS:																	
13																		
14								MEDICAL	DENTAL	VISION	LIFE	DISABILITY	DEPENDENTS					
15	FULL LEGAL FIRST NAME* <small>(no nicknames)</small>	FULL LEGAL LAST NAME* <small>(no nicknames)</small>	DATE of BIRTH*	FULL TIME DATE of HIRE*	GENDER*	OCCUPATION* <small>(only needed for disability quotes)</small>	SALARY* <small>(only needed for disability and/or salary based life quotes)</small>	<small>EO - Employee Only ES - Employee+ Spouse EC - Employee+Children EF - Employee+ Family W-OC - Waiver due to other cong W-NC - Waiver due to cost</small>			<small>FULL LEGAL NAME* Spouse (SP) / Child (CH)* DATE of BIRTH* GENDER* <small>(i.e. Jane A. Smith-SP-10/10/13-F)</small></small>			COUNTY*	HOME ZIP CODE*			
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66	* PLEASE NOTE THAT EFFECTIVE IMMEDIATELY. ALL INFORMATION IS REQUIRED FOR RATE REQUESTS FROM ALL CARRIERS																	