

800 Maine Ave. S.W.  
Suite 200  
Washington, D.C. 20024



1629 K Street N.W.  
Suite 300  
Washington, D.C. 20006

**SMALL BUSINESS PROFILE FORM**

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ EIN#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOW LONG IN BUSINESS? \_\_\_\_\_

PHONE: \_\_\_\_\_ (H) \_\_\_\_\_ (B) \_\_\_\_\_ (C)

E-Mail Address: \_\_\_\_\_

Type of Health Policy Requested: \_\_\_\_\_ H.M.O. \_\_\_\_\_ P.P.O. \_\_\_\_\_ Individual \_\_\_\_\_ Family \_\_\_\_\_ Group

\_\_\_\_\_ Health \_\_\_\_\_ Dental \_\_\_\_\_ Vision \_\_\_\_\_ Other \_\_\_\_\_ Height \_\_\_\_\_ Weight

EXISTING POLICY INFO: / REQUEST ADDITIONAL TYPE OF INSURANCE. **(PLEASE FORWARD EXISTING DECLARATION PAGE)**

\_\_\_\_\_  
\_\_\_\_\_

MISC. NOTES/ADDITIONAL INSURED & DEPENDENT INFORMATION: (If more space is needed upload on separate sheet.)  
(Please include height, weight, date of birth, social security #, V.I.N. #, & any additional pertinent information for each.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

(IF APPLICABLE BUSINESS OWNER'S PERSONAL FAMILY INFORMATION.)

SPOUSE NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ D.O.B. \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ HOW LONG? \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

(If more space is needed upload on separate sheet. Include company name and address on all pages.)