



Client Information Sheet

Contact Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Will you offer health insurance      Yes      No

Will you offer dental insurance      Yes      No

Current Workman's Comp Information:

Provider: \_\_\_\_\_

Policy #: \_\_\_\_\_

Expiration: \_\_\_\_\_