

PPO & HMO Group Quote Request

Fax this request to 970-356-9138. If you have any questions, please call 1-800-627-7776 ext.253.

Today's Date

Requested Effective Date

AGENT INFORMATION

Agent Name
 Agent Address
 Agent Phone

Agent Fax

COMPANY INFORMATION

Company Name
 Company Address
 City State Zip County
 SIC code (or describe nature of business)
 Current Carrier
 Type of Coverage
 Cost of Current Coverage (optional)

	Employee Name	Age or DOB	Gender	EE Only	EE + spouse	EE + children	EE + family
1							
2							
3							
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Taranto, Inc



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 Greeley, Colorado 80634
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 FAX 970-356-9138