



# Carney·Cargill, Inc.

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## Group Rate Request Form

	Health Insurance			Life Insurance		Disability Insurance		Long-term Care Insurance		
	Name	Gender	DOB	Spouse	DOB	# Children	Salary*	Occupation*	%Owner*	Smoker
1		M F								
2		M F								
3		M F								
4		M F								
5		M F								
6		M F								
7		M F								
8		M F								
9		M F								
10		M F								
11		M F								
12		M F								
13		M F								
14		M F								
15		M F								
16		M F								
17		M F								
18		M F								
19		M F								
20		M F								

Company Name \_\_\_\_\_ Contact \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

\* Complete "Salary" "Occupation" and "%Owner" fields only if you are requesting quotes for short- or long-term disability or life insurance.

Please complete the form above and save for your records. For assistance please see our online help page or contact a Carney Cargill agent by phone at (206) 842-8987 weekdays during normal business hours. To submit this form to Carney Cargill, Inc. for a rate request, print the completed form and fax to (206) 842-1927. To submit this form via email, fill out the form, save on your computer's hard drive then e-mail carneycargill@carneycargill.com attaching your saved form to the e-mail message. One of our representatives will contact you once we've processed your request. You may also fill out a Group Rate Request Form online. Visit [www.carneycargill.com](http://www.carneycargill.com) for additional information.