Leslie A. Williams
INSURANCE SERVICES

Leslie A. Williams, CHRS
CA Licence #0D96693
www.lawilliamsinsurance.com

Company Name: _____ Zip Code: _____ Date: _____

SIC Code: _____
(standard industrial classification code)

Employee Name	DOB	Gender	Home Zip	Full Time?	Part Time?	Wants Ins?	Name and dates of births for spouse and/or dependents

Employee Name	DOB	Gender	Home Zip	Full Time?	Part Time?	Wants Ins?	Name and dates of births for spouse and/or dependents