

Quote Request Form

Complete the Information Below. Mail or Fax to get a quote for your group.

Business Name: _____
Business Type: _____ **Association:** WAWA
Contact Name: _____
Address: _____
City: _____ **State:** WA **Zip:** _____
Phone: _____ **Fax:** _____
e-mail: _____
Best Time to Call: _____ **Renewal Month:** _____
Total # of Employees: _____ **Current Carrier:** _____

Employer Group Census					(Check Coverage Requested)			
	Employee	Gender M / F	Employee D.O.B.	Spouse D.O.B.	EE Only	EE + Spouse	EE + # of Children	EE + Family
1.)								
2.)								
3.)								
4.)								
5.)								
6.)								
7.)								
8.)								
9.)								
10.)								
11.)								
12.)								
13.)								
14.)								
15.)								

Please complete the information and send to:



Washington Automotive Wholesalers Association
 PO Box 12690 · Mill Creek, WA 98082-0690

Fax: 425-402-9291

Toll Free Phone: 1-800-562-6520