To receive a Group OR Individual quote, please fill out the form below and fax/email back to California Insurance Co.

Group Information

Group Name	
Contact Name	
Contact Phone Number	
Requested Effective Date	
Zip	
Nature of Business	
Current Carrier	

California Insurance Co.

Michael J. Williams
P.O. Box 3087
Newport Beach, CA 92659
Direct: 714.669.2724 Fax: 714.590.6481
Michael@CaliforniaInsuranceCo.com
www.CaliforniaInsuranceCo.com
CA Insurance License #0F49149

Any 1099 Employees? ◯ Yes ◯ No

Provide Quotes For: ◯ Blue Cross ◯ Kaiser ◯ HealthNet ◯ PPO ◯ HMO ◯ Blue Shield ◯ Aetna ◯ PacifiCare

Employee Name	Age	Date of Birth	Gender	Dependent Status	Zipcode

Dependent Status Legend

ES - Employee & Spouse
1C - Employee & 1 Child
+C - Employee & Children
FA - Family

DO NOT CANCEL ANY INSURANCE UNTIL YOU RECEIVE WRITTEN CONFIRMATION FROM THE INSURANCE COMPANY TO WHICH YOU ARE APPLYING THAT YOUR NEW POLICY IS IN EFFECT.

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Employee Name	Age	Date of Birth	Gender	Dependent Status	Zipcode	
						Dependent Status Legend
						ES - Employee & Spouse
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