

**JILL WELSH  
CAILOR FLEMING & ASSOCIATES, INC.  
4610 MARKET STREET, P.O. BOX 3989  
YOUNGSTOWN, OH 44513  
330-782-8625 Ext. 126  
FAX 330-782-0874**

**Business Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/Zip Code** \_\_\_\_\_

**County** \_\_\_\_\_

**Phone** \_\_\_\_\_ **FAX** \_\_\_\_\_

**Type of Business** \_\_\_\_\_

**SIC Code** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**% of Contribution Employer** \_\_\_\_\_ **Employee** \_\_\_\_\_ \*

**\*If Employees Contribute, do you have a Section 125?** \_\_\_\_\_

**Any claims over \$5,000 in last 2 years?** \_\_\_\_\_

**Any persons presently disabled, pregnant, hospitalized, being treated for cancer, heart problems, diabetes or AIDS?** \_\_\_\_\_

**CURRENT CARRIER** \_\_\_\_\_

**Deductible** \_\_\_\_\_ **OOP** \_\_\_\_\_