



# Information Request Form

Please take a moment to complete the form below. Our goal is to provide information and options specifically relevant to your company.  
No strings. No fees. No obligations.

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Employees FT: \_\_\_\_\_ PT: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact:      PHONE              FAX              EMAIL

Best time to call (if applicable): \_\_\_\_\_

Please check the products you are interested in.

<input type="checkbox"/> Medical & Rx Benefit Plans	<input type="checkbox"/> Workers' Comp. Admin.
<input type="checkbox"/> Dental & Vision Plans	<input type="checkbox"/> Workers' Comp. Group Rating
<input type="checkbox"/> HSAs, HRAs & FSAs	<input type="checkbox"/> Health Consulting
<input type="checkbox"/> Life Insurance, LTD & STD	<input type="checkbox"/> Workers' Comp. Consulting
<input type="checkbox"/> COBRA Admin.	<input type="checkbox"/> Human Resource Consulting
<input type="checkbox"/> PT Employee Benefit Plans	<input type="checkbox"/> Business Insurance & Bonding
<input type="checkbox"/> Voluntary Worksite Products	<input type="checkbox"/> Home & Auto Insurance
<input type="checkbox"/> Unemployment Comp. Admin.	<input type="checkbox"/> Pharmacy Benefit Management

**Please return completed forms by:**

**Mail:** Tartan Insurance Agency  
260 West Blvd., Building I  
Boardman, OH 44512

**Fax:** (330)726-4482

**Or Contact us:**

**Phone:** (330) 629-7905

**Email:** info@tartanagency.com