



www.orchardins.com  
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**DISABILITY CENSUS**

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Business Name: \_\_\_\_\_ Benefits Provider: \_\_\_\_\_ Years: \_\_\_\_\_  
 Years in Business: \_\_\_\_\_ Company Contribution: \_\_\_\_\_ No. of Carriers last 5 years: \_\_\_\_\_  
 Business Type: \_\_\_\_\_ SIC#: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

	Name	Sex	Date of Birth	Occupation	Salary
1					
2					
3					
4					
5					
6					
7					
8					
9					
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11					
12					
13					
14					
15					