

Affinity Advantage Program Employee Group Submission Form

Please fill out this form in its entirety and fax to: **336-435-0686** or email to **affinityadvantage@gmacinsurance.com**.
An Affinity Advantage team member will contact you within two (2) business days to discuss your submission.

NAME OF COMPANY	
ADDRESS OF COMPANY	Street: City: State: ZIP: Phone:
WEBSITE	
GENERAL NATURE OF OPERATIONS & BRIEF DESCRIPTION	
NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS)- 6 DIGIT (If known)	
COMPANY HEADQUARTERS (If other than above address)	Street: City: State: ZIP: Phone:
COMPANY CONTACT INFORMATION	Name: Street: City: State: ZIP: Phone: Email:

PRIMARY COMPANY LOCATIONS

CITY & STATE	# OF EMPLOYEES AT LOCATION

PERSONNEL OF COMPANY (Companywide)

JOB CLASSIFICATION	APPROXIMATE # OF EMPLOYEES IN CLASS
Officials & Managers	
Professionals	
Technicians	
Sales	
Office & Clerical	
Skilled Craftsman	
Skilled Laborers	
Laborers	
Service Workers	
TOTAL	

CONTACT/ BROKER INFORMATION

Contact/ Broker Name:

Company Name:

Street:

City:

State:

ZIP Code:

Telephone Number:

Fax Number:

E-mail Address:

Web Address:

How did you hear about our program?