



## DATIA INSURANCE PROGRAM

**Paula D. Layton – Insurance Account Manager**

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Phone: 1-800-356-9804      Fax: 1-888-751-2997

Email: [pdlayton@mcgriffinsurance.com](mailto:pdlayton@mcgriffinsurance.com)

**For an application, please complete the following and submit by email or fax.**

Date: \_\_\_\_\_

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

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Description of Operations: \_\_\_\_\_

\_\_\_\_\_

Do you provide Medical Review Services? [ ] Yes [ ] No

If yes, do you want to include the Physician (W2 Employee or 1099 Contractor) by endorsement? [ ] Yes [ ] No

Do you provide Physical Examinations? [ ] Yes [ ] No

If yes, do you want to include the Physician (W2 Employee or 1099 Contractor) by endorsement? [ ] Yes [ ] No

**THANK YOU FOR THIS OPPORTUNITY!**