



Business Concierge Enrollment Form

Company Information

Account Name

of Employees

Phone

Website

Address

City/State/Zip

Renewal Date

Industry (NAICS
code if known)

Authorized User Information

First Name

Last Name

Mobile Phone

Office Phone

Email

Title

Authorized User Information

First Name

Last Name

Mobile Phone

Office Phone

Email

Title



Shepherd
INSURANCE

Please check any services or products that we should highlight during our onboarding session

- | | |
|---|--|
| <input type="checkbox"/> ACA Benefits | <input type="checkbox"/> Disaster Planning |
| <input type="checkbox"/> Background Checks | <input type="checkbox"/> Disaster Recovery |
| <input type="checkbox"/> Benefits Administration | <input type="checkbox"/> Drug Testing |
| <input type="checkbox"/> Business Continuity Plans | <input type="checkbox"/> Employee Handbooks |
| <input type="checkbox"/> Business Law | <input type="checkbox"/> Labor Law |
| <input type="checkbox"/> Caliper Testing | <input type="checkbox"/> Organizational Planning |
| <input type="checkbox"/> Civil & Criminal Law | <input type="checkbox"/> Payroll |
| <input type="checkbox"/> Collections | <input type="checkbox"/> Product Liability |
| <input type="checkbox"/> Compliance Posters | <input type="checkbox"/> Safety Training |
| <input type="checkbox"/> Credit Card Processing | <input type="checkbox"/> Tax Law |
| <input type="checkbox"/> Data Security | <input type="checkbox"/> Training Programs |
| <input type="checkbox"/> Department of Transportation | <input type="checkbox"/> Workers Compensation |

Additional Comments (can be viewed by clients)