INSURANCE SURVEY

Since the annual business meeting President Larry Mueller has appointed me to look at the possibility of different insurance programs that could be made available to the members of M.G.C.S.A. Please take time to complete the following questions and return this information. It is needed to make a determination as to a need for our pursuing any potential insurance programs.

NAME: Business or Club: ____________________________

Which of the following programs does your employer provide or participate in:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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- Life Insurance
- Health Insurance
- Dental Insurance
- Disability Insurance
- Pension Program

Which of the following would you like our association to pursue making available to you. Some may be at group rates.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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</table>
- Life Insurance
- Health Insurance
- Dental Insurance
- Disability Insurance
- IRA's

Additional Comments: ____________________________________________

Thank you for taking time to complete this information and mail to:

Nathan Dunn
Route 1 Box 87
Waconia, Minnesota 55387

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