

# REQUEST FOR A QUOTE



Date:

Need Quote by:

Proposed Effective Date:

Prospect's Name & Address

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Other Locations

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Nature of Business:

Description of Present Coverage

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Present Fully Insured or Stop-Loss Rates

<b>EE</b>	<b>EE +1</b>	<b>EE +2 or more</b>
<b>Specific Retention:</b>		
<u>Aggregate Factors</u>		
<b>EE</b>	<b>EE +1</b>	<b>EE +2 or more</b>

**COVERAGES REQUESTED**

	<b>Option I</b>	<b>Option II</b>	<b>Option III</b>
<b>Specific Retention:</b>			
<b>Terms:</b>			
<b>Aggregate Coverage:</b>			
<b>Terms:</b>			
<b>Include in Aggregate:</b>			
<b>Basic Life/AD&amp;D:</b>			
<b>Present Basic Life Rates:</b>			
<b>Present AD&amp;D Rates:</b>			
<b>Voluntary Life:</b> (described)			
<b>Long Term Disability:</b> (described)			

**EMPLOYER CONTRIBUTIONS**

<u>Medical Plan(s)</u>			<u>Other Coverages</u>		
	Self-Funded	HMO	PPO		
Single:				Basic Life:	
Dependents:				LTD:	
<b>CENSUS</b>			<b>COMMISSION</b>		
Single:				Stop-Loss:	
Family:				Basic Life:	

**SELF-FUNDED BENEFITS / NOTES**

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**MEDICAL CONDITIONS**

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