

**GROUP INSURANCE QUOTATION REQUEST FORM**

Agent Name \_\_\_\_\_

Company Contact \_\_\_\_\_

Client Company Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No.  Fax

Email:  Website

**Section A**

1. How many employees do you have? \_\_\_\_\_
2. What is the exact nature of your business? \_\_\_\_\_
3. How many years has your company been in business? \_\_\_\_\_
4. Are there any subsidiaries or affiliates to be covered?  Yes  No  
If Yes, Names: \_\_\_\_\_
5. Are all eligible employees absent from work due to disability, maternity leave or other leaves of absence?  Yes  No  
If yes, please explain \_\_\_\_\_
6. At the present time, are there any employees absent from work due to disability, maternity leave or other leave of absence?  Yes  No  
If yes, please explain \_\_\_\_\_
7. Do all employees work at least 24 hours per week?  Yes  No
8. Are any employees seasonal?  Yes  No  
*(A seasonal employee works at a least 9 full months over a 12 - month period)*
9. Are there any independent contractors seeking coverage?  Yes  No  
If yes, please indicate in Employee Data Sheet.
10. Are you, the employer, willing to contribute at least 50% towards the cost of this plan?  Yes  No
11. Are you covered by WSIB?  Yes  No

**Section B**

1. Please indicate the most important aspect of a group benefit plan to you.

Price

Service

Product

2. What areas of protection are most significant to you and your employees?

Death

Dental

Disability

Critical Illness

Healthcare

Confidential Counselling

**Section C(Complete only if group benefits currently exist)**

Name of insurance carrier: \_\_\_\_\_

Date coverage began with the current insurance carrier: \_\_\_\_\_

Have you been with any other insurance carriers in the last 5 years? \_\_\_\_\_

What is primary reason for requesting a quotation?

Note: Please include the following:

- Employee Booklet
- Rate History
- Claims Experience (Most recent)
- Agent of Record