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REQUEST FOR GROUP INSURANCE QUOTATION

Please complete all applicable sections of the form. Return the specifications to GroupQuest Benefits Resources Inc. by fax (905) 272-5472

Client Information

Company Name: _____
Street: _____
City, Province: _____
Number of Employees: _____
Website: _____
Date of Request: _____

Advisor Information

Advisor Name: _____
Company Name: _____
Street: _____
City, Province: _____
Telephone Number: _____
Cell Number: _____
Fax Number: _____
E-mail Address: _____
Commission Schedule _____

Advisor Requirements

A. Plan Design **B. Census Data** **C. Claims Experience*** **D. Rate History***

*A minimum of 2 (preferably 3) years of rates and experience is required if the client has current insurance coverage.

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Please provide any information about your client. Any important details will assist in the underwriting process.

Client Questions

Please complete the following questions:

1. Nature of business; please provide specific details: _____

2. Number of years in business: _____
3. Are there any seasonal or contract employees? Yes No
If yes, please specify: _____
4. Are 50% or more of the employees from the same family? Yes No
If yes, please indicate relationship and if they reside in the same household. _____

5. Are all employees and owners covered by Workers Compensation (WSIB)? Yes No
6. Premium contribution basis: Employer Pays _____ % Employee Pays _____ %
(The employer is required to pay a minimum of 50%)
7. Are there any disabled employees? Yes No
If yes, please complete the following chart in full (the notes area at the end may also be used):

Employee Name	Occupation	Date of Disability	Nature of Disability	Prognosis	Life Waiver Approved ?

8. Are they currently insured? Yes No If yes please indicate the following:
Current Carrier: _____ **# of years with carrier** _____ (max 2 insurers in the past 5 years) **Renewal Date:** _____
9. Are benefits being quoted the same as their current plan? Yes No If not, explain why:

10. Experience and rates provided? Yes No Please include the most current month and a minimum of two years (preferably three).