

Stern Insurance Group, Inc
11445 E. Via Linda #2611
Scottsdale, Az 85259

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Group Insurance Quotation Request

Agent: Daryl Stern

Date: _____

Prospect Information/ History:

Name of Business: _____
Nature of Business: _____
City/State/Zip: _____

Present Carrier: _____ How long: _____
Deductible: _____ Premium: _____ EE: _____ Family: _____ Co-ins: _____ Copay: _____
OOP: _____ Renewal Date: _____ # of Employees: _____
Options: Mat: _____ Dental: _____ RX: _____ SA: _____ Vision: _____ LTDI: _____ STDI: _____
%of Employer Contribution: Employee: _____ % Dependents: _____ %
#Ees Covered by Worker's Comp? _____ How long in Business? _____
Current Rates: EE: _____ EE+Sp _____ EE+Ch _____ Family _____
Renewal Rates: EE: _____ EE+Sp _____ EE+Ch _____ Family _____

Proposed Coverage:

Deductible: _____ 100 _____ 250 _____ 300 _____ 500 _____ 1000 _____ Other
Options: _____ Mat. _____ Dental _____ Rx _____ SA _____ Vision _____ LT/ST DI
Rate Guarantee: _____ 6 months _____ 12 months
Co-Insurance: _____ 100% _____ 90% _____ 80% _____ 70% _____ 60% _____ 50%
Co-pay: _____ \$5.00 _____ \$10.00 _____ \$15.00 _____ \$20.00 _____ \$30.00 _____ \$15/30
OOP: _____ \$2,500 _____ \$5,000 _____ \$7,500 _____ \$10,000 _____ other
Life Insurance: _____ \$5,000 to \$50,000
Takeover: _____ Full _____ None _____ Partial
Is business run from home? _____ Yes _____ No
Requested Effective Date: _____
Plan Type: _____ Major Medical
_____ Major Medical w/ cost containment
_____ PPO _____ HMO _____ EPO
_____ Swing Plan _____ Self Funded

Current Medical information:

Yes No
_____ Pregnancy - Due Date: _____
_____ Disabled- Employee # _____
_____ On COBRA - Employee # _____
_____ Medical claims over \$5000 last year - Employee # _____

Special Underwriting/ Health Considerations:

