

**COMMERCIAL MARKETING**

REQUEST FOR PROPOSAL QUESTIONNAIRE

Date: \_\_\_\_\_

**REQUEST FOR PROPOSAL:** HMO  POS  PPO  LIFE/AD&D  DENTAL

Locations (Include zip codes) \_\_\_\_\_

Mini Grp Rep Name/# \_\_\_\_\_ IG Rep Name/# \_\_\_\_\_

Company's Full Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip Code*

Type of Business \_\_\_\_\_ SIC Code \_\_\_\_\_

Number of Years in Business \_\_\_\_\_

**BROKER INFORMATION**

Broker Name: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Phone No: ( ) \_\_\_\_\_ Agent of Record Letter: Yes ( ) No ( )

**PROPOSAL DATA (Include any additional information on a separate sheet)**

Requested Effective Date of Proposal \_\_\_\_\_ Proposal Needed By \_\_\_\_\_

Current Carrier Name \_\_\_\_\_ Number of Employees \_\_\_\_\_

Current Policy Effective Date \_\_\_\_\_ Employees on COBRA \_\_\_\_\_

Current Carrier Plan Design \_\_\_\_\_

**REQUESTED BENEFITS**

**OTHER**

HMO \_\_\_\_\_

POS \_\_\_\_\_

PPO \_\_\_\_\_

DENTAL \_\_\_\_\_

LIFE / AD&D \_\_\_\_\_

STD/LTD \_\_\_\_\_