

**PROSPECT INFORMATION**

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

Address/City/State/Zip: \_\_\_\_\_

Contact Name & Title: \_\_\_\_\_

CRI Casualty Captive: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_ Proposal Due Date: \_\_\_\_\_

*(Please note, turnaround time is 7-10 business days once information is sent to the underwriter)*

**BROKER INFORMATION**

Contact Name: \_\_\_\_\_ Agency Name & Location: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Broker of Record: Yes \_\_\_\_\_ No \_\_\_\_\_

**CURRENT CONTRACT INFORMATION**

Current Carrier: \_\_\_\_\_ Original Effective Date: \_\_\_\_\_

Current Funding Arrangement:  Self Insured  Fully Insured

Current Specific Deductible: \_\_\_\_\_ Aggregate: \_\_\_\_\_

Annual Max: \_\_\_\_\_ Aggregate Contract: \_\_\_\_\_

Contract Basis: \_\_\_\_\_ Coverages: \_\_\_\_\_

Coverages: \_\_\_\_\_

Commission Included in Current Rates: Yes \_\_\_\_\_ % \_\_\_\_\_ No \_\_\_\_\_

Current Lasers: \_\_\_\_\_

Additional Options:  TLO  Monthly Accommodation  Spec Advance

**VENDOR INFORMATION**

Current TPA: \_\_\_\_\_ Proposed TPA: \_\_\_\_\_

Current Network: \_\_\_\_\_ Proposed Network: \_\_\_\_\_

Current Case Management: \_\_\_\_\_ Proposed CM: \_\_\_\_\_

Current Utilization Review: \_\_\_\_\_ Proposed UR: \_\_\_\_\_

Current PBM: \_\_\_\_\_ Proposed PBM: \_\_\_\_\_

**QUOTE REQUEST**

Specific Deductible Options: \_\_\_\_\_ Aggregate: \_\_\_\_\_

Contract Basis: \_\_\_\_\_ Aggregate Contract Basis: \_\_\_\_\_

Alternative Plan Design:  Yes  No (Attach summary of desired plan design)

Annual Max: \_\_\_\_\_

Additional Quote Request(s): \_\_\_\_\_

***Please note all quotes are net of commission.***

This Request for Information is not a contract of insurance. No coverage is bound or afforded by this questionnaire.

## **1. LARGE CLAIM INFORMATION**

Provide large claim information for **current and prior periods**, with reports run on a policy year basis. The reports should include a diagnosis for each claimant, and case management notes for large claimants must be included. . If the group is fully insured and prior year data is not available, we will not be able to request a quote.

Large claim reports should include any individual who:

- has reached or has the potential to reach 50% of the specific deductible and/or has a trigger diagnosis
- had an organ transplant or is wait listed for an organ transplant – specify the type of transplant and the date wait listed
- is disabled, not actively at work, or confined in the hospital, home or elsewhere.

## **2. GROUP MONTHLY CLAIMS AND ENROLLMENT**

Provide claim information for **current and prior periods**, with reports run on a policy year basis. If the group is fully insured and prior year data is not available, we will not be able to request a quote.

## **3. PLAN DOCUMENT**

Provide the current plan document or SBC for all plan designs. If plan changes have been made during the last 3-5 years, provide a description of the changes and the effective date of each change. If the proposed plan is different than the current plan, provide a detailed description of the proposed or alternative design.

## **4. CENSUS**

Provide a current census of all employees. The census must include: date of birth, gender, coverage tier (single, ee+spouse, ee+child, or family), plan election if applicable, and home zip code. Also identify retirees or COBRA continues.

## **5. HISTORICAL RATES AND FACTORS**

Provide supporting documentation from current plan year and renewal, if possible.

## **6. CURRENT YEAR AND RENEWAL STOP LOSS DOCUMENTS**