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PROSPECT PROFILE

DATE: ______________________________ **DIARY DATE:** ______________________________

GROUP NAME & ADDRESS: **PRODUCER:** ______________________________

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______________________________________ **AGENCY PHONE:** 573-356.9669

______________________________________ **AGENCY FAX:** 573-445-9539

TYPE OF BUSINESS /SIC CODE: ____

GROUP'S PHONE NUMBER ____________________ **NUMBER OF EMPLOYEES:** ______________

CONTACT PERSON: __________________________ **DECISION MAKER:** ____________________

PRESENT CARRIER/BROKER: ____

RENEWAL DATE: _______________________ **QUOTE DUE BY:** _______________________

EMPLOYER CONTRIBUTION OF BENEFITS: **EMPLOYEE %** __________

DEPENDENT% _________

QUOTE REQUEST:

COMPANIES ____

DEDUCTIBLE __________________ ________________
Individual Deductible Family Deductible

CO-PAY % _____________________ **MATERNITY** ______ **YES** ______**NO**

DRUG CARD ___________________ **OFFICE VISIT** ___________________
CO-PAY CO-PAY

LIFE INSURANCE _____________________ **DENTAL** _____**YES** _____**NO**

DISABILITY ____**LT** ____**ST** **LONG TERM CARE** _____**YES** _____**NO**

SPECIAL INSTRUCTIONS: ____

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