|  |
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| **S**3 Direct Quote Questionnaire – ***Large Group*** |

Please fill out the form and return it to S3 Direct (any of the following methods is acceptable):

Fax to: S3 Direct • 469-751-8588

E-mail: sferguson@s3directllc.com

Mail to: S3 Direct • P.O. Box 600183, Dallas, TX 75360

\*\*Please fill in all relevant information. Please do not enter any information in the black boxes\*\*

|  |  |
| --- | --- |
| S Cubed Reference Number: | Submission Date: |
| Broker Reference Number: | Quote Due Date: |
| Policy Term Dates: | |

## Risk Information

|  |
| --- |
| Name: |
| Street Address: |
| City:       State:       Zip: |
| Phone Number:       Fax Number: |
| Nature of Business:       SIC Code *(if known)*: |

1. Are there any dependents and/or spouses to be covered?.………………………………………………………  Yes  No

2. Are there any individuals to be covered that are over the age 70?………………………………………………. Yes  No

3. Is there a current plan?………………………………………………………………………………………………... Yes  No

*(If yes, please provide up to 3 years of premium loss and runs) (Also, please provide a copy of the existing plan)*

|  |  |  |  |
| --- | --- | --- | --- |
| Term | Earned Premium | Incurred Losses | Number of Losses |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

4. Can you please provide a group census? *(If yes, please send with form)* ……………………………………….. Yes  No

5. Please provide name of current carrier:

6. Should requested coverage duplicate an existing plan?……………………………………………………….… Yes  No

7. Can you please provide any marketing material? *(If yes, please send with form)………………………………….….* Yes  No

8. Number of group participants:

By Ages (Years): Under 12:       12-15:       16-18:       Over 18:

9. Is the plan:  Voluntary  Mandatory

What additional benefits does the group get on a Voluntary Basis:

What additional benefits does the group get on a Mandatory Basis:

10. Premium Remittance:  Monthly  Quarterly  Annual  Audited

11. Is TPA handling marketing or collections?………………………………………………………………………. Yes  No

*(If yes, please provide the name of the TPA)*:

12. Please provide a description of the activity:

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| **S**3 Direct Quote Questionnaire – ***Large Group*** Page 2 |

|  |  |
| --- | --- |
| Group Name: | S 3 Reference Number: |
| Broker Name: | Broker Reference Number: |

## Desired Coverage Amounts

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Benefits** | | | | | **Class 1** | **Class 2** | **Class 3** | **Class 4** | **Options** |
| Accidental Death & Dismemberment | | | | |  |  |  |  |  |
| AD & D Options | | | | |  |  |  |  |  |
| Accident Medical | | | Primary | |  |  |  |  |  |
| Excess | |  |  |  |  |  |
| Weekly Indemnity | | | Amount | |  |  |  |  |  |
| Weeks | |  |  |  |  |  |
| Elimination | |  |  |  |  |  |
| In-Hospital Indemnity | | | Amount  $25-$500 | |  |  |  |  |  |
| Benefit Period  (6-24 months) | |  |  |  |  |  |
| Waiting Period  (0-30 days) | |  |  |  |  |  |
| Options (Emergency) | Emergency Room/Center ($50-100 per visit) | | | |  |  |  |  |  |
| Emergency X-ray  ($25-$100 per visit) | | | |  |  |  |  |  |
| Ambulance to ER  ($50-$100 per visit) | | | |  |  |  |  |  |
| Max Visit (2-5 days) | | | |  |  |  |  |  |
| Max hours after accident  (48 or 72) | | | |  |  |  |  |  |
| Intensive Care/Cardiac Unit  ($25-$500) | | | |  |  |  |  |  |
| Waiting Period  (1-7 days) | | | |  |  |  |  |  |
| Incurral (Vesting Period)  (90-365 days) | | | |  |  |  |  |  |
| Partial Disability | | | | |  |  |  |  |  |
| Total Disability | | | | |  |  |  |  |  |
| Hospital Accident /  Sickness | | | | Amount  ($25-$500) |  |  |  |  |  |
| Benefit Period  (5-100 days) |  |  |  |  |  |
| Waiting Period  (0-14 days) |  |  |  |  |  |
| Other Coverage | |  | | |  |  |  |  |  |
|  | | |  |  |  |  |  |
|  | | |  |  |  |  |  |
|  | | |  |  |  |  |  |

|  |  |
| --- | --- |
| Aggregate Limit |  |

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| **S**3 Direct Quote Questionnaire – ***Large Group*** Page 3 |

|  |  |
| --- | --- |
| Group Name: | S 3 Reference Number: |
| Broker Name: | Broker Reference Number: |

**Agency Information**

|  |
| --- |
| Agency Name:       Agency Producer Number: |
| Address: |
| City:       State:       Zip: |
| Phone Number:       Fax Number: |
| Agency E-mail Address *(if any)*: |
| Web Address: |

## Agent/Broker Information

|  |
| --- |
| Agent/Broker Name: |
| Main Phone Number:       Other Phone Number: |
| Agent E-mail Address: |

Is there a Sub-Producer?……………………………………………………………………………………………….. Yes  No

|  |
| --- |
| Requested Commission: |
| Projected Annual Premium of Quote: |

**Notes:**

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