



Professional Insurance Concepts, Inc.
 7922 Westglen Suite 100
 Houston, Texas 77063
 Ph: 713-260-5470 Fax: 713-784-3777

Date Sent: _____ Proposal Needed By: _____

Return Proposal via: Mail _____ Fax _____

Ancillary Proposal Request

PRODUCER INFORMATION

Name of Agency Requesting Proposal:				
Street Address:			Email:	
City:	State:	Zip:	Telephone:()	Fax:()

CLIENT INFORMATION

Name of Group:				
Street Address:				
City:	State:	Zip:	Years in Business:	
Nature of Business:			SIC Code:	

PRODUCT INFORMATION

Short Term Disability:

Benefit % _____ Weekly max: \$_____ (or) Flat amount: \$_____ max.
 Benefit period: _____ 13 weeks _____ 26 weeks _____ Other
 Elimination period: _____ accident _____ sickness
 Census showing: age, gender & salary (only if benefit amount is a % of salary)
*EXPERIENCE REQUIREMENT (over 100 Lives) * Prior three years of paid premiums, claims & rate history * Current STD Booklet.*

Long Term Disability:

Benefit % _____ Monthly max: \$_____ Benefit duration: _____ accident _____ sickness
 Elimination Period: _____ days
 Own-occ definition: ___ 24 mos. ___ 36 mos. ___ age 65 ___ other Employer Contribution: _____%
 Prior Coverage? _____ Yes _____ No If yes, then provide LTD booklet.
 Census showing: age, gender, salary & occupations
*EXPERIENCE REQUIREMENT (over 300 Lives) * Prior three years of paid premiums, claims & rate history * Open claims: Age, Date of Disability & Net Monthly Benefit*

Dental:

Preventive _____% \$_____ annual max. Basic _____% \$_____ annual max.
 Major _____% \$_____ annual max. Orthodontics _____% \$_____ lifetime max.
 Annual deductible \$_____ Periodontics: _____ Basic _____ Major
 Prior coverage? _____ None _____ 0-12 mos. _____ 12-24 mos. _____ 24+ mos.
 Employer contribution for employee _____%, dependents _____%
 If more than one location, provide zip code and # of employees in each location.
*EXPERIENCE REQUIREMENT (over 100 Lives) * Prior two years of paid premiums, claims & rate history * Current Dental Booklet*

Life:

Schedule of benefits: \$_____ flat (or) _____ % of salary to \$_____ max.
 Census showing: age, gender, salary (only if schedule of benefits is a % of salary.)
*EXPERIENCE REQUIREMENT (over 200 Lives) * Prior three years of paid premiums, claims & rate history * Any waiver of premium claims? If so, Life Face Amount * Current Life Booklet.*

COMPANY QUOTE NEEDED: G.E. Safeguard Boston Mutual US Life Advance Life

Rate Information: In force Rates _____ Renewal Rates _____
 Please provide any known competitors' rates for this proposal request: _____
 Commissions Level Requested: Level _____ Graded _____

<i>EE</i>	<i>Sex</i>	<i>DOB</i>	<i>Coverage</i>	<i>Cobra</i>	<i>Medical Conditions</i>
<i>1</i>					
<i>2</i>					
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E=EE Only S=EE & Spouse C=EE & Child(ren) F=Family L=Life Only