

Request for a Quote

COMPANY INFORMATION

Please answer all questions in order to avoid any delays or rejection of the request for a quote.

1. Company name: _____
2. Address: _____ Province: _____
3. Starting date of operations (year/month): _____
4. Description of the business: _____
5. Total number of eligible employees: _____
(To be eligible for group insurance, an employee must work full time, a minimum of 20 hours per week, every week).
6. How many months have you been insured with your current insurer? _____

Current insurer: _____ Next renewal date: _____

Number of insurers in the past five (5) years: _____

Most recent renewal rates

Participant Life Insurance: _____ / \$1,000

Critical Illness Insurance: _____ / \$1,000

Accidental Death & Dismemberment: _____ / \$1,000

Dependent Life Insurance: _____ / family

Short-Term Disability Insurance: _____ / \$10

Long-Term Disability Insurance: _____ / \$100

HEALTH INSURANCE:

Individual: _____ /month

Family: _____ /month

Couple: _____ /month

Single- parent: _____ /month

DENTAL INSURANCE:

Individual: _____ /month

Family: _____ /month

Couple: _____ /month

Single- parent: _____ /month

The effective date of these rates: _____

7. Request for information – EP3 Pooling Level
 - a) Please provide us with the EP3 certificate received from your current insurer. If this is not available, please answer the following questions:
 - i. What are your pooling levels? _____
 - ii. On what basis are your pooling levels applied, by certificate or by insured ?
 - iii. Based on your EP3 certificate, does your group have any excluded certificates? _____
 - b) Indicate the total amount in excess of your levels.
Current year \$ _____ Previous year \$ _____
8. Is this a home-based business (yes or no)? _____
9. Number of employees related to the owner (including owner(s)): _____
10. Percentage of outside funding: _____%

11. Number of employees NOT covered by Worker's Compensation Board (including owner(s)): _____
12. Number of months in operation on a year-round basis (months per year): _____
13. Number of employees who are: Seasonal _____ Contractual _____ Part-time _____
Please specify on the list of employees which employees are seasonal, contractual or part-time.
14. Number of employees working or traveling outside Canada for business: _____
Please specify the frequency and trip duration: _____
15. Are any employees currently absent from work due to sickness or accident, or receiving benefits from short-term disability insurance, long-term disability insurance, Worker's Compensation or income from other sources?
If yes, please specify the following:

Name	Age	Sex	Starting date of disability	Amount paid	Nature of disability	Waiver of premium
						Yes / No
						Life / LTD / CI

16. Has anyone been absent from work as a result of an injury or illness for a period of two consecutive weeks or longer during the last year. If yes, please provide details:

17. Correspondence: English French

18. **For groups of 25 employees or more**, please provide the following **mandatory** information:

- Premium amounts + claims experience for the past three years;
- Billing, current insurance contract or employee's booklets;
- Rates for the past three years.

REPRESENTATIVE IDENTIFICATION

Representative code: _____ I do not have an Assumption Life representative's contract

Name of representative or brokerage office: _____

Representative's complete address: _____

E-mail address: _____

Telephone: _____ Fax: _____

Representative's comments: _____

Commissions: Regular downscale Flat percentage, please specify the percentage: _____%

Disclaimer: The proposal will be based on the submitted information.

When completing a group insurance quote request, please ensure that all information is accurate. Assumption Life assumes no responsibility for any errors, omissions, or misstatements in your group insurance quote request.

Any rates provided will be calculated based upon the information that you provide to Assumption Life in this group insurance quote request. Assumption Life reserves the right to recalculate rates or to refuse to issue the group plan in the event of falsified information or any misrepresentation.

Signature: _____ Date: _____

