



Prospective Client Information Sheet

Groups Full Legal Name: _____

Effective Date: _____

Deadline for Quote: _____

Agent Information

Name: _____

Agency: _____

Address: _____

Phone Number: _____

Email: _____

Are you the incumbent agent?: _____

Requested Commissions: _____

Please attach the following:

*Copy of current schedule(s) of benefits / Changes to benefits.

*Monthly claims and enrollment for current and 2 previous plan years.

*Details on any known large/ ongoing claims.

*Census in Excel to include: Name, Gender, Date of birth, Coverage Level, Plan (if group has more than one schedule of benefits, and Home zip code for each employee.

Coverages Requested

_____ Medical _____ Dental _____ Vision _____ Transplant _____ Life / AD&D

_____ LTD _____ STD _____ FSA _____ HRA _____ Other: _____

Group Information

Physical Address: _____

Mailing Address: _____

Industry: _____

SIC Code: _____

Current Carrier / PPO: _____

Is Plan Fully Insured or Self Funded: _____

In the group considered Grandfathered: _____

If Self Funded

Current Contract (12/12, 24/12, etc.): _____

Current Specific Deductible: _____

Coverages under Stop Loss: _____

Ancillary Products (Life AD&D, Dental, etc.): _____

Current Rates: _____

Renewal Rates: _____

If currently self funded, please breakout rates by administration fee's, specific premiums, aggregate premiums, and aggregate factors.

Please return all information to: prospects@imsm.net