



INSURANCE  
MANAGEMENT  
SERVICES

P.O. Box 15688 • Amarillo, TX 79105

Prospective Client  
Information Sheet

Group's full legal name: \_\_\_\_\_

Effective date: \_\_\_\_\_ Deadline for quote: \_\_\_\_\_

**Agent Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Are you the incumbent agent?: \_\_\_\_\_

Requested commissions: \_\_\_\_\_

**Group Information**

Physical address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Industry / SIC code: \_\_\_\_\_

Current PPO network: \_\_\_\_\_

Is Plan currently full insured or self-funded? \_\_\_\_\_

Is group considered Grandfathered? \_\_\_\_\_

If self-funded: Current contract (12/12, 24/12, etc.): \_\_\_\_\_

Current specific deductible: \_\_\_\_\_

Coverage's under stop loss: \_\_\_\_\_

Current rates: \_\_\_\_\_

Renewal rates: \_\_\_\_\_

If currently self-funded, please break out rates by administration fees, specific premiums, Aggregate premium, and aggregate factors.

Coverage's requested \_\_\_\_\_ Medical \_\_\_\_\_ Dental \_\_\_\_\_ Vision \_\_\_\_\_ Life/AD&D  
\_\_\_\_\_ LTD \_\_\_\_\_ STD \_\_\_\_\_ FSA \_\_\_\_\_ Other: \_\_\_\_\_

Copy of current schedule(s) of benefits (please attach)

Requested benefit changes: \_\_\_\_\_

Monthly claims and enrollment for current and 2 previous plan years (please attach)

Details on any known large/ongoing claimants: \_\_\_\_\_

Please attach census in Excel to include name, gender, date of birth, coverage level, plan (if group has more than one schedule of benefits) and zip code for each employee.

Return all information to prospects@imsm.net