

Information Required for a Proposal

Employer Excess of Loss Insurance



PRESIDIO

CLIENT SPECIFIC INFORMATION

Name of Employer Group: _____

Principal Address: _____

City: _____ State: _____ ZIP: _____

Other Locations: _____

Nature of Business: _____ Self-Insured Since: _____

Name of TPA: _____ Name of Network: _____

ENROLLMENT

Eligible Employees: _____

Participating Single: _____

COBRA Single: _____

Participating Family: _____

COBRA Family: _____

Are retirees covered? Yes No

Number of Retirees: _____

Are Union Employees covered? Yes No

Number of Union Employees: _____

CURRENT COVERAGE

Current Carrier: _____

Policy Period: Effective Date: ____/____/____

Expiration Date: ____/____/____

Specific Deductible: \$ _____ Aggregate Attachment %: _____

Contract Basis (check one): 12/12 12/15 12/18 15/12 18/12 24/12 Other _____

Current Monthly Rates: Composite Single Family

Specific: _____

Aggregate Attachment Factor: _____

Aggregate Premium Rate: _____



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CLAIMS INFORMATION

For Specific Coverage provide the following information:

- New Business - Three years of individual claimant experience excess of 50% of the specific deductible including diagnosis, prognosis and expected future costs for the next 12 months
- Renewals - Current year's individual claimant experience excess of 50% of the specific deductible including diagnosis, prognosis and expected future costs for the next 12 months

For Aggregate Coverage provide the following information:

- New Business - Three years of monthly claims experience and corresponding number of covered employees
- Renewals - Current year's monthly claims experience and corresponding number of covered employees

ADDITIONAL INFORMATION

- New Business - Complete employee benefit plan document
- Renewals - Complete employee benefit plan document to be utilized for the renewal period if different from existing benefit plan currently on file
- New Business/Renewals - Employee census with Zip Codes, Age, Sex and Dependent Status

SIGNATURE

The proposal will be based upon information transmitted with this form. The undersigned warrants that he or she has made a diligent effort to verify this information; and that, to the best of his or her knowledge and belief, this information accurately represents the facts, and no requested information has been omitted or altered.

Signature: _____ Date: _____

Title: _____

Phone: _____ Fax: _____

E-mail Address: _____

CONFIDENTIALITY

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