



2728 Forgue Drive, Suite 100
 Naperville, IL 60564
 Phone: 630-637-8600
 Fax: 630-637-8606
www.mbrownltd.com

GROUP QUOTE REQUEST

Once this form has been submitted, it will be reviewed and a Census Form will be sent to the Contact listed below. Specific employee information will be requested on the Census Form that will be used to order a quote for your group.

CLIENT INFORMATION:

Company Name: _____
 Address: _____
 County: _____ Phone: _____
 Nature of Business: _____
 Start of Coverage: _____ SIC Code: _____ (Standard Industrial Classification Number)
 Contact Name: _____
 Contact E-mail: _____

This Business is a ...

<input type="checkbox"/>	Corporation
<input type="checkbox"/>	Sub-Chapter S Corporation
<input type="checkbox"/>	LLC
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Sole Proprietorship
<input type="checkbox"/>	Other: _____

Type of Coverage Requesting...

<input type="checkbox"/>	Medical
<input type="checkbox"/>	Dental
<input type="checkbox"/>	Vision
<input type="checkbox"/>	Short-Term Disability
<input type="checkbox"/>	Long-Term Disability
<input type="checkbox"/>	Life/AD&D Amount: \$ _____

EMPLOYEE INFORMATION:

Current Total Number of All Employees (F/T, P/T, Seasonal, Etc.): _____
 Number of Full-time Employees: _____
 Total Number of Employees Applying for Medical: _____
 Average Total Number of Employees: _____
Please list the average number of W2's you had last year regardless of whether they are full or part time.
 Number of Employees currently on COBRA: _____

CURRENT COVERAGE INFORMATION, If Applicable:

Current Carrier: _____
 Current Deductible: _____
 Current Co-Insurance: _____
 Current Monthly Premium: _____
 Renewal Monthly Premium: _____