

A. Company Information			
Company Name			
Address		City	Province
Postal Code			
Phone ()	Fax ()	Email	
Name & Title of Group Administrator			

B. Background Information	
<p>1. What is the exact nature of business? _____</p> <p>2. How many years has the company been established? _____</p> <p>3. Are there any subsidiaries or branch affiliates to be included? <input type="checkbox"/> Yes (please include locations on Employee Census Listing) <input type="checkbox"/> No</p> <p>4. Number of persons employed: Total: _____ Full-Time (min. 20 hours/week): _____ Part-Time: _____ Commissioned: _____ Contract: _____ Seasonal _____ <i>Please identify contract and seasonal employees on census listing</i></p> <p>5. Are all eligible employees participating in this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No - please explain _____</p> <p>6. What percentage of employees related by blood or marriage are living in the same household? _____</p>	<p>7. At the present time, are any employees absent from work due to sickness or injury, maternity leave, or other leaves of absence? <input type="checkbox"/> Yes - please provide name and details _____ <input type="checkbox"/> No</p> <p>8. Are all employees covered by Workers Compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No - please explain why _____</p> <p>9. Are any employees regularly working outside of Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Other than WI & LTD, who will contribute towards the cost of this plan? Employer _____% Employee _____% Who will contribute towards the cost of WI and LTD? Employer _____% Employee _____%</p>

C. Current Group Benefits Provider <i>(Complete this section if a group benefits plan currently exists for this employer)</i>	
<p>1. Who is the current insurance carrier? _____</p> <p>Please attach a benefit booklet, current billing and past three years rate history with effective dates and claim experience.</p> <p>2. When did coverage begin with the current insurance carrier? _____</p> <p>3. Names of group insurance carriers over the past 3 years and dates of coverage: _____ _____ _____</p>	<p>4. Is this plan intended to replace the existing group coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. What is the primary reason for requesting quotation? _____ _____</p>

D. Agent/Broker					
Company Name			Address		
City	Province	Postal Code	Phone ()	Fax ()	
Internal Rep		Requested Return Date (DD/MM/YYYY)		Proposed Effective Date (DD/MM/YYYY)	

Unless otherwise specified, a standard commission will apply.