



PRESIDIO

# Information Required for a Proposal

## Employer Excess of Loss Insurance

### 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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